



# Pharmacy - Formulary

Current as of October 1, 2021

[www.cencalhealth.org/providers/pharmacy/](http://www.cencalhealth.org/providers/pharmacy/) | (877) 814-1861

*The formulary is updated regularly and is subject to change without notice.  
All previous versions of the formulary are no longer in effect.*

# How To Use This Formulary

## CenCalHealth– List of Restriction/Limit Abbreviations

Icon	Restriction/Limit	Definition
AL	Age Limit	Age Limit restriction represents the minimum or maximum age allowable for the medication.
C1	Code 1	Code 1 restriction limits the medication use to a specialized provider or disease state.
PA	Prior Authorization	Prior Authorization requires further documentation from the prescriber for consideration of approval.
QL	Quantity Limit	Quantity Limit restriction represents the allowable quantity and day supply for the medication.
SP	Specialty Drug	Specialty Drug medications must be fulfilled through a specific specialty pharmacy.
ST	Step Therapy	Step Therapy requires the trial of other formulary medications before coverage is approved.

## CenCalHealth– Formulary Medication List

Tier 1 = Formulary

lower case = Generic Drugs

UPPERCASE = Brand Name Drugs

- ❖ All medications in CenCal Health’s formulary are listed as Tier 1, with their associated restriction or limit.
- ❖ This Formulary is a list of covered agents for CenCal Health’s Medi-Cal.
- ❖ **Reference Drug names are there for reference purposes only and do not denote coverage.**
- ❖ Unless otherwise stated, **the brand names shown in the formulary guide are non-formulary when an equivalent generic is approved by the FDA.**
- ❖ Selected OTC (Over The Counter) items are covered under CenCal Health and require a valid written prescription.
- ❖ For Non-formulary, Step Exceptions, or Prior Authorization request please submit a [Medical Request Form](#) (MRF) by fax to (805) 685-7781.
- ❖ For your convenience, CenCal Health has a [web searchable version](#) of the printed formulary.
- ❖ For further information visit our website at [www.cencalhealth.org/providers/pharmacy](http://www.cencalhealth.org/providers/pharmacy) or contact MedImpact (CenCal Health’s pharmacy benefit manger) at (800) 788-2949.

## CenCalHealth–Home Infusion Benefit

CenCal Health’s Home Infusion Network provides covered infused agents in the following therapeutic categories:

- Antibacterial/Antifungal Agents
- Parenteral Nutrition Solutions (TPN or Hyperalimentation)
- Heparin and Related Preparations
- Sodium and Saline Preparations
- Potassium Replacement
- Electrolyte Maintenance

- Protein Replacement
- IV Solutions: Dextrose-Water, Dextrose-Saline, Dextrose and Lactated Ringers
- Parenteral Amino Acid Solutions and Combinations

## CenCal Health– Carve-out Medications

There are several therapeutic drug classes carved out of CenCal Health’s pharmacy benefit specified in the policy section of the State Medi-Cal provider manual as Capitated/Noncapitated services indicating coverage by fee-for-service Medi-Cal. In the classes, certain medications may require a TAR to be submitted to State Fee-For-Service to obtain prior authorization.

### These classes include:

- Selected HIV/AIDS treatment drugs
- Selected alcohol and heroin detoxification and dependency treatment drugs
- Selected coagulation factors
- Erectile Dysfunction (ED) drugs
- Selected psychiatric drugs

Visit our website at [www.cencalhealth.org](http://www.cencalhealth.org) and or the State Medi-Cal website [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov) for a complete listing of the above referenced medications.

## CenCal Health– DME and Medical Supplies

- ❖ Pharmacy claims for the medical supplies and DME prescriptions listed below must be billed to CenCal Health’s Pharmacy Benefit Manager (PBM).

### Pharmacy Benefit Medical Supply/ DME Items

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Blood Glucose Monitor               <ul style="list-style-type: none"> <li>- Freestyle Lite</li> <li>- Freestyle Freedom Lite</li> <li>- Freestyle InsuLinx</li> <li>- Precision Xtra</li> </ul> </li> <li>• Lancet and Lancet Devices</li> <li>• Insulin Syringes</li> <li>• Peak Flow Meters</li> <li>• Pill Cutters</li> <li>• Inhaler Assist Devices (“Spacers”)</li> </ul> | <ul style="list-style-type: none"> <li>• Blood Glucose Test Strips               <ul style="list-style-type: none"> <li>- Freestyle Lite</li> <li>- Freestyle Freedom Lite</li> <li>- Freestyle InsuLinx</li> <li>- Precision Xtra</li> </ul> </li> <li>• Injection Supplies other than Insulin Syringes               <ul style="list-style-type: none"> <li>- Disposable Syringes</li> <li>- Disposable Needles</li> <li>- Disposable Syringe w/ Needle</li> </ul> </li> <li>• Pen Needles</li> </ul> |
|--|---|

- ❖ All other DME and medical supplies must be billed directly to the CenCal Health Claims Department. Only contracted CenCal Health DME providers will be allowed to bill the Claims Department directly. Additional information for the billing of DME and medical supplies can be found in the CenCal Health provider manual at <https://www.cencalhealth.org/providers/forms-manuals-policies/provider-manual/>.

### CenCal Health– Dual Eligible Members

- ❖ If a member has Medicare Part B &/or D, the provider must bill Medicare as the primary insurer for Part B or D covered medical supplies and DME items. CenCal Health may be billed for a 20% Part B copay or deductible, after the Part B carrier claim has adjudicated and the member's deductible &/or copay has been determined. Part D copays are not reimbursable by CenCal Health.
- ❖ State law mandates Medi-Cal to be payer of last resort, and requires the utilization of other available health care coverage prior to the utilization of Medi-Cal. Other coverage is always the primary payer and cannot be waived by the member. Please bill the member's other coverage first prior to billing CenCal Health.

### CenCal Health– Oral/Enteral Nutrition

- ❖ Oral/Enteral nutrition is a Medi-Cal covered benefit when used in a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food. Standard infant formulas are not a covered benefit. Standard infant formulas for normal infant nutrition are available through WIC.
- ❖ A Medical Request Form (MRF) is required for all nutritional products that are used on an outpatient basis. A link to Medi-Cal covered enteral nutrition products that meet medical criteria can be found in the [CenCal Health Prior Authorization Guideline for Enteral Nutrition Products](#).

# CenCal Health 2021 Formulary

Current as of 10/01/2021

## Table of Contents

Alternative Therapy.....	7
Analgesic, Anti-Inflammatory Or Antipyretic.....	7
Anorectal Preparations.....	20
Antidotes And Other Reversal Agents.....	21
Anti-Infective Agents.....	21
Antineoplastics.....	30
Antiseptics And Disinfectants.....	41
Biologicals.....	41
Cardiovascular Therapy Agents.....	48
Central Nervous System Agents.....	60
Chemical Dependency, Agents To Treat.....	76
Chemicals-Pharmaceutical Adjuvants.....	77
Cognitive Disorder Therapy.....	77
Contraceptives.....	78
Dermatological.....	80
Diagnostic Agents.....	90
Eating Disorder Therapy.....	90
Electrolyte Balance-Nutritional Products.....	90
Endocrine.....	98
Gastrointestinal Therapy Agents.....	111
Genitourinary Therapy.....	123
Gout And Hyperuricemia Therapy.....	126
Hematological Agents.....	126
Immunosuppressive Agents.....	130
Locomotor System.....	131
Medical Supplies And Durable Medical Equipment (Dme).....	133
Medical Supply, Fdb Superset.....	137
Metabolic Modifiers.....	139
Mouth-Throat-Dental - Preparations.....	140
Multiple Sclerosis Agents.....	141
Ophthalmic Agents.....	142
Otic (Ear).....	149
Respiratory Therapy Agents.....	150
Vaginal Products.....	162



lowercase = Generic drugs

UPPERCASE = Brand name drugs

Formulary

Tier 1 = Formulary

Restriction/Limit

Drug Name	Reference	Formulary	Restriction/Limit
<b>Alternative Therapy</b>			
<b>Alternative Therapy - Antioxidant</b>			
alpha lipoic acid oral capsule 200 mg, 600 mg		Tier 1	QL (60 Units per 30 Days)
<b>Analgesic, Anti-Inflammatory Or Antipyretic</b>			
<b>Analgesic Opioid Agonists</b>			
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		Tier 1	ST; QL (10 Units per 30 Days)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Hysingla ER	Tier 1	ST; QL (1 Unit per Day)
hydromorphone oral tablet 2 mg, 4 mg	Dilaudid	Tier 1	QL (4 Units per Day)
morphine oral solution 100 mg/5 ml (20 mg/ml)		Tier 1	QL (300 Units per 30 Days)
morphine oral tablet 15 mg, 30 mg		Tier 1	QL (6 Units per Day)
morphine oral tablet extended release 100 mg	MS Contin	Tier 1	QL (2 Units per Day)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	MS Contin	Tier 1	QL (3 Units per Day)
oxycodone oral solution 5 mg/5 ml		Tier 1	QL (240 Units per 30 Days)
oxycodone oral tablet 10 mg, 20 mg		Tier 1	QL (4 Units per Day)
oxycodone oral tablet 15 mg, 30 mg, 5 mg	Roxicodone	Tier 1	QL (4 Units per Day)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	OxyContin	Tier 1	ST; QL (3 Units per Day)
oxycodone oral tablet,oral only,ext.rel.12 hr 60 mg	OxyContin	Tier 1	ST; QL (2 Units per Day)
tramadol oral tablet 50 mg	Ultram	Tier 1	QL (8 Units per Day); AL (Min 12 Years)

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Analgesic Opioid Codeine Combinations</b>			
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)		Tier 1	AL (Min 12 Years)
acetaminophen-codeine oral solution 120-12 mg/5 ml		Tier 1	QL (240 Units per 30 Days); AL (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg		Tier 1	QL (4 Units per Day); AL (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		Tier 1	
codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg		Tier 1	
<b>Analgesic Opioid Hydrocodone And Non-Salicylate Combinations</b>			
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg		Tier 1	QL (4 Units per Day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML		Tier 1	QL (240 Units per 30 Days)
<b>Analgesic Opioid Hydrocodone Combinations</b>			
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		Tier 1	QL ( 240 units per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg		Tier 1	QL (4 Units per Day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML		Tier 1	QL (240 Units per 30 Days)
<b>Analgesic Opioid Oxycodone And Non-Salicylate Combinations</b>			
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg		Tier 1	QL (120 Units per 30 Days)
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Endocet	Tier 1	QL (4 Units per Day)
<b>Analgesic Opioid Oxycodone And Salicylate Combinations</b>			
oxycodone-aspirin oral tablet 4.8355-325 mg		Tier 1	QL (4 Units per Day)

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Analgesic Opioid Oxycodone Combinations</b>			
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Endocet	Tier 1	QL (4 Units per Day)
oxycodone-aspirin oral tablet 4.8355-325 mg		Tier 1	QL (4 Units per Day)
<b>Analgesic Or Antipyretic Non-Opioid</b>			
acetaminophen oral drops,suspension 100 mg/ml, 80 mg/0.8 ml		Tier 1	
acetaminophen oral elixir 160 mg/5 ml	Children's Pain Relief	Tier 1	
acetaminophen oral liquid 160 mg/5 ml		Tier 1	
acetaminophen oral suspension 160 mg/5 ml		Tier 1	
acetaminophen oral tablet 325 mg, 500 mg		Tier 1	
acetaminophen oral tablet,chewable 80 mg		Tier 1	
children's mapap oral tablet,chewable 80 mg		Tier 1	
<b>Analgesic Or Antipyretic Non-Opioid/Sedative Combinations</b>			
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Esgic	Tier 1	
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective</b>			
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel</b>			
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
REMICADE INTRAVENOUS RECON SOLN 100 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
RENFLXIS INTRAVENOUS RECON SOLN 100 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents</b>			
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
REMICADE INTRAVENOUS RECON SOLN 100 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
RENFLXIS INTRAVENOUS RECON SOLN 100 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Dmard - Antimalarials</b>			
hydroxychloroquine oral tablet 200 mg	Plaquenil	Tier 1	QL (100 Units per 30 Days)
<b>Dmard - Antimetabolites</b>			
methotrexate sodium injection solution 25 mg/ml		Tier 1	
methotrexate sodium oral tablet 2.5 mg		Tier 1	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML		Tier 1	QL (4 Units per 28 Days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML		Tier 1	QL (1.6ml per 28 Days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 12.5 MG/0.5 ML		Tier 1	QL (2ml per 28 Days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 15 MG/0.6 ML		Tier 1	QL (2.4ml per 28 Days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 17.5 MG/0.7 ML		Tier 1	QL (2.8ml per 28 Days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 20 MG/0.8 ML		Tier 1	QL (3.2ml per 28 Days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 22.5 MG/0.9 ML		Tier 1	QL (3.6ml per 28 Days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 25 MG/ML		Tier 1	QL (4ml per 28 Days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 7.5 MG/0.3 ML		Tier 1	QL (1.2ml per 28 Days)
<b>Dmard - Antinflammatory, Select. Costimulation Modulator, T-Cell Inhib.</b>			
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021



<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Dmard - B Cell Targeted Agents</b>			
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Dmard - Gold Compounds</b>			
RIDAURA ORAL CAPSULE 3 MG		Tier 1	
<b>Dmard - Immunosuppressives</b>			
azathioprine oral tablet 50 mg	Imuran	Tier 1	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg		Tier 1	
cyclosporine modified oral capsule 100 mg, 25 mg	Gengraf	Tier 1	C1 (Post-transplant or prescribed by Nephrologist)
cyclosporine modified oral capsule 50 mg		Tier 1	C1 (Post-transplant or prescribed by Nephrologist)
cyclosporine oral capsule 25 mg	Sandimmune	Tier 1	C1 (Post-transplant or prescribed by Nephrologist)
mycophenolate mofetil oral capsule 250 mg	CellCept	Tier 1	C1 (Member must have received a transplant)
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	CellCept	Tier 1	C1 (Member must have received a transplant)
mycophenolate mofetil oral tablet 500 mg	CellCept	Tier 1	C1 (Member must have received a transplant)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Dmard - Interleukin-6 (Il-6) Receptor Inhibitors, Monoclonal Antibody</b>			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Dmard - Other</b>			
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 1	
sulfasalazine oral tablet 500 mg	Azulfidine	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Azulfidine EN-tabs	Tier 1	
<b>Dmard - Pyrimidine Synthesis Inhibitors</b>			
leflunomide oral tablet 10 mg, 20 mg	Arava	Tier 1	
<b>Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab</b>			
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Nsaid Analgesic And Prostaglandin Analog Combinations</b>			
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	Arthrotec 75	Tier 1	
<b>Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors</b>			
celecoxib oral capsule 100 mg, 200 mg, 400 mg	Celebrex	Tier 1	AL (Min 60 Years)
<b>Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives</b>			
meclofenamate oral capsule 100 mg, 50 mg		Tier 1	
<b>Nsaid Analgesics (Cox Non-Specific) - Other</b>			
ketorolac injection cartridge 30 mg/ml		Tier 1	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)		Tier 1	
ketorolac intramuscular cartridge 60 mg/2 ml		Tier 1	
ketorolac intramuscular solution 60 mg/2 ml		Tier 1	
ketorolac oral tablet 10 mg		Tier 1	QL (20 Units per 30 Days)
nabumetone oral tablet 500 mg, 750 mg	Relafen	Tier 1	
sulindac oral tablet 150 mg, 200 mg		Tier 1	
tolmetin oral capsule 400 mg		Tier 1	
tolmetin oral tablet 200 mg, 600 mg		Tier 1	
<b>Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives</b>			
meloxicam oral tablet 15 mg, 7.5 mg	Mobic	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	Feldene	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives</b>			
diclofenac sodium oral tablet extended release 24 hr 100 mg		Tier 1	
diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 1	
<b>Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives</b>			
ibuprofen oral capsule 200 mg	Wal-Profen	Tier 1	
ibuprofen oral drops, suspension 50 mg/1.25 ml		Tier 1	
ibuprofen oral suspension 100 mg/5 ml	Children's Advil	Tier 1	
ibuprofen oral tablet 100 mg		Tier 1	
ibuprofen oral tablet 200 mg	Advil	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBU	Tier 1	
ibuprofen oral tablet, chewable 100 mg		Tier 1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg		Tier 1	
ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg		Tier 1	
naproxen oral suspension 125 mg/5 ml	Naprosyn	Tier 1	
naproxen oral tablet 220 mg, 250 mg, 275 mg, 375 mg		Tier 1	
naproxen oral tablet 500 mg	Naprosyn	Tier 1	
naproxen oral tablet 550 mg	Anaprox DS	Tier 1	
naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg	EC-Naprosyn	Tier 1	
oxaprozin oral tablet 600 mg	Daypro	Tier 1	
<b>Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives</b>			
etodolac oral capsule 200 mg, 300 mg		Tier 1	
etodolac oral tablet 400 mg	Lodine	Tier 1	
etodolac oral tablet 500 mg		Tier 1	
indomethacin oral capsule 25 mg, 50 mg		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
indomethacin oral capsule, extended release 75 mg		Tier 1	
<b>Salicylate Analgesic And Sedative Combinations</b>			
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		Tier 1	
<b>Salicylate Analgesics</b>			
aspirin oral tablet 325 mg	Bayer Aspirin	Tier 1	
aspirin oral tablet, chewable 81 mg		Tier 1	
aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg		Tier 1	
diflunisal oral tablet 500 mg		Tier 1	
salsalate oral tablet 500 mg, 750 mg	Disalcid	Tier 1	
<b>Anorectal Preparations</b>			
<b>Anorectal - Glucocorticoids</b>			
hydrocortisone rectal suppository 25 mg	Anucort-HC	Tier 1	
hydrocortisone rectal suppository 30 mg	Hemmorex-HC	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %		Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		Tier 1	
<b>Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb</b>			
hydrocortisone-pramoxine rectal cream 1-1 %		Tier 1	
hydrocortisone-pramoxine rectal cream 2.5-1 %	Analpram-HC	Tier 1	
HYDROCORTISONE-PRAMOXINE RECTAL FOAM 1-1 %		Tier 1	
<b>Anorectal - Local Anesthetic Amides</b>			
lidocaine topical cream 5 %		Tier 1	QL (30 Units per 30 Days)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antidotes And Other Reversal Agents</b>			
<b>Antidote - Acetaminophen Poisoning</b>			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		Tier 1	
<b>Chelating Agents - Lead Poisoning</b>			
CHEMET ORAL CAPSULE 100 MG		Tier 1	
<b>Anti-Infective Agents</b>			
<b>Aminoglycoside Antibiotic</b>			
neomycin oral tablet 500 mg		Tier 1	
<b>Aminopenicillin Antibiotic</b>			
amoxicillin oral capsule 250 mg, 500 mg		Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 1	
amoxicillin oral tablet 500 mg, 875 mg		Tier 1	
amoxicillin oral tablet, chewable 125 mg, 250 mg		Tier 1	
ampicillin oral capsule 250 mg, 500 mg		Tier 1	
<b>Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations</b>			
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	Augmentin	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	Augmentin ES-600	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg		Tier 1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	Augmentin	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg		Tier 1	
<b>Anthelmintic Agents - Macrocyclic Lactones</b>			
ivermectin oral tablet 3 mg	Stromectol	Tier 1	QL (20 Units per Fill)
<b>Anthelmintic Agents Other</b>			
praziquantel oral tablet 600 mg	Biltricide	Tier 1	
pyrantel pamoate oral suspension 50 mg/ml		Tier 1	
<b>Antibacterial Folate Antagonist - Other Combinations</b>			
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Sulfatrim	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	Bactrim	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	Bactrim DS	Tier 1	
sulfatrim oral suspension 200-40 mg/5 ml		Tier 1	
<b>Antibacterial Folate Antagonist Others</b>			
trimethoprim oral tablet 100 mg		Tier 1	
<b>Antibacterial Nitrofurantoin Derivatives</b>			
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Macrochantin	Tier 1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Macrobid	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Furadantin	Tier 1	
<b>Antifungal - Allylamines</b>			
terbinafine hcl oral tablet 250 mg		Tier 1	
<b>Antifungal - Amphoteric Polyene Macrolides</b>			
nystatin oral tablet 500,000 unit		Tier 1	

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Antifungal - Imidazoles</b>			
ketoconazole oral tablet 200 mg		Tier 1	
<b>Antifungal - Triazoles</b>			
fluconazole oral tablet 100 mg, 150 mg	Diflucan	Tier 1	QL (1 Unit per Day)
fluconazole oral tablet 200 mg	Diflucan	Tier 1	QL (2 Units per Day)
<b>Antifungal Other</b>			
griseofulvin oral suspension 125 mg/5 ml		Tier 1	
griseofulvin oral tablet 125 mg, 250 mg, 500 mg		Tier 1	
<b>Anti-Infective Immunologic Adjuvants - Interferons</b>			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		Tier 1	PA
<b>Antileprotic - Immunomodulators</b>			
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antileprotic - Sulfone Agents</b>			
dapsone oral tablet 100 mg, 25 mg		Tier 1	
<b>Antimalarials</b>			
chloroquine phosphate oral tablet 250 mg		Tier 1	QL (36 Units per 16 Days)
chloroquine phosphate oral tablet 500 mg		Tier 1	QL (18 Units per 16 Days)
hydroxychloroquine oral tablet 200 mg	Plaquenil	Tier 1	QL (100 Units per 30 Days)
mefloquine oral tablet 250 mg		Tier 1	
primaquine oral tablet 26.3 mg		Tier 1	
pyrimethamine oral tablet 25 mg	Daraprim	Tier 1	
<b>Antiprotozoal Agents - Other</b>			
atovaquone oral suspension 750 mg/5 ml	Mepron	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole</b>			
metronidazole oral tablet 250 mg, 500 mg		Tier 1	
<b>Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)</b>			
didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg		Tier 1	
zidovudine oral capsule 100 mg	Retrovir	Tier 1	
zidovudine oral syrup 10 mg/ml	Retrovir	Tier 1	
zidovudine oral tablet 300 mg		Tier 1	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)		Tier 1	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)		Tier 1	
<b>Antitubercular - Isonicotinic Acid Derivatives</b>			
isoniazid oral solution 50 mg/5 ml		Tier 1	
isoniazid oral tablet 100 mg, 300 mg		Tier 1	
<b>Antitubercular - Niacinamide Derivatives</b>			
pyrazinamide oral tablet 500 mg		Tier 1	
<b>Antitubercular - Rifamycin And Derivatives</b>			
rifampin oral capsule 150 mg, 300 mg		Tier 1	
PRIFTIN ORAL TABLET 150 MG		Tier 1	
<b>Antitubercular Agents Other</b>			
ethambutol oral tablet 100 mg		Tier 1	
ethambutol oral tablet 400 mg	Myambutol	Tier 1	
<b>Cephalosporin Antibiotics - 1St Generation</b>			
cefadroxil oral capsule 500 mg		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		Tier 1	
cefadroxil oral tablet 1 gram		Tier 1	
cefazolin injection recon soln 1 gram		Tier 1	
cephalexin oral capsule 250 mg, 500 mg		Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
<b>Cephalosporin Antibiotics - 2Nd Generation</b>			
cefaclor oral capsule 250 mg, 500 mg		Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml		Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg		Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	AL (Max 8 Years)
cefprozil oral tablet 250 mg, 500 mg		Tier 1	
cefuroxime oral tablet 250 mg, 500 mg		Tier 1	
<b>Cephalosporin Antibiotics - 3Rd Generation</b>			
cefdinir oral capsule 300 mg		Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	AL (Max 8 Years)
cefixime oral suspension for reconstitution 100 mg/5 ml	Suprax	Tier 1	AL (Max 8 Years)
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml		Tier 1	
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg		Tier 1	
<b>Fluoroquinolone Antibiotics</b>			
ciprofloxacin hcl oral tablet 100 mg, 750 mg		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
ciprofloxacin hcl oral tablet 250 mg, 500 mg	Cipro	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	Cipro	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		Tier 1	
moxifloxacin oral tablet 400 mg		Tier 1	QL (14 Units per 30 Days)
<b>Glycopeptide Antibiotics</b>			
vancomycin oral capsule 125 mg, 250 mg	Vancocin	Tier 1	
FIRVANQ ORAL RECON SOLN 50 MG/ML		Tier 1	
<b>Hepatitis B Treatment- Nucleoside Analogs (Antiviral)</b>			
entecavir oral tablet 0.5 mg, 1 mg	Baraclude	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Hepatitis B Treatment- Nucleotide Analogs (Antiviral)</b>			
adefovir oral tablet 10 mg	Hepsera	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221); QL (30 Units per 30 Days)
<b>Hepatitis C - Interferons</b>			
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations</b>			
sofosbuvir-velpatasvir oral tablet 400- 100 mg	Epclusa	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Hepatitis C - Nucleoside Analogs</b>			
ribavirin oral capsule 200 mg		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ribavirin oral tablet 200 mg, 400 mg, 600 mg		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
REBETOL ORAL SOLUTION 40 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 200 MG (28)- 400 MG (28), 200 MG (7)- 400 MG (7), 400 MG (7)- 400 MG (7), 400-400 MG (28)- MG (28), 600 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7), 600-400 MG (28)- MG (28), 600-600 MG (28)-MG (28)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Herpes Antiviral Agent - Purine Analogs</b>			
acyclovir oral capsule 200 mg		Tier 1	
acyclovir oral suspension 200 mg/5 ml	Zovirax	Tier 1	
acyclovir oral tablet 400 mg, 800 mg		Tier 1	
valacyclovir oral tablet 1 gram, 500 mg	Valtrex	Tier 1	
<b>Influenza Antiviral Agents - Neuraminidase Inhibitors</b>			
oseltamivir oral capsule 30 mg	Tamiflu	Tier 1	QL (20 Units per 30 Days/1 Fill per 180 Days)
oseltamivir oral capsule 45 mg, 75 mg	Tamiflu	Tier 1	QL (10 Units per 30 Days/1 Fill per 180 Days)
oseltamivir oral suspension for reconstitution 6 mg/ml	Tamiflu	Tier 1	QL (150 Units per 30 Days/1 Fill in 180 Days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		Tier 1	QL (20 Units per 180 Days)
<b>Influenza Antiviral Agents - Pa Endonuclease Inhibitor</b>			
XOFLUZA ORAL TABLET 20 MG, 40 MG		Tier 1	QL (2 Units per Fill and 1 Fill per 180 Days )
XOFLUZA ORAL TABLET 80 MG		Tier 1	QL (1 Unit per Fill and 1 Fill per 180 Days )
<b>Influenza-A Antiviral Agents</b>			
rimantadine oral tablet 100 mg	Flumadine	Tier 1	QL (20 Units per 10 Days/1 Fill per 365 Days)
<b>Lincosamide Antibiotics</b>			
clindamycin oral capsule 150 mg, 300 mg, 75 mg	Cleocin HCl	Tier 1	
clindamycin oral recon soln 75 mg/5 ml		Tier 1	
<b>Macrolide Antibiotics</b>			
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Zithromax	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
azithromycin oral tablet 250 mg, 500 mg	Zithromax	Tier 1	
azithromycin oral tablet 600 mg		Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
clarithromycin oral tablet 250 mg, 500 mg		Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	E.E.S. Granules	Tier 1	AL (Max 8 Years)
erythromycin oral capsule, delayed release(dr/ec) 250 mg		Tier 1	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg		Tier 1	
<b>Misc Anti-Infective</b>			
methenamine hippurate oral tablet 1 gram	Hiprex	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram		Tier 1	
pentamidine injection recon soln 300 mg	Pentam	Tier 1	
PENTAM INJECTION RECON SOLN 300 MG		Tier 1	
<b>Oxazolidinone Antibiotics</b>			
linezolid oral tablet 600 mg	Zyvox	Tier 1	C1 (CODE 1: Continuity of care from hospital discharge); QL (42 Units per 30 Days)
<b>Penicillin Antibiotic - Natural</b>			
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 1	

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Penicillin Antibiotic - Penicillinase-Resistant</b>			
dicloxacillin oral capsule 250 mg, 500 mg		Tier 1	
<b>Rifamycins And Related Derivative Antibiotics</b>			
rifampin oral capsule 150 mg, 300 mg		Tier 1	
PRIFTIN ORAL TABLET 150 MG		Tier 1	
XIFAXAN ORAL TABLET 550 MG		Tier 1	ST; QL (60 Units per 30 Days)
<b>Sulfonamide Antibiotic</b>			
sulfadiazine oral tablet 500 mg		Tier 1	
<b>Tetracycline Antibiotics</b>			
doxycycline oral capsule 100 mg, 50 mg	Morgidox	Tier 1	
doxycycline oral suspension for reconstitution 25 mg/5 ml	Vibramycin	Tier 1	
doxycycline oral tablet 100 mg		Tier 1	
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 1	
tetracycline oral capsule 250 mg, 500 mg		Tier 1	
<b>Antineoplastics</b>			
<b>Anp - Human Vascular Endothelial Growth Factor Inhib Rec-Mc Antibody</b>			
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML		Tier 1	
<b>Anp-Platelet-Derived Growth Factor Receptor (Pdgfr) Alpha Blocker Mc</b>			
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antineoplastic - Alkylating Agent - Alkyl Sulfonates</b>			
MYLERAN ORAL TABLET 2 MG		Tier 1	
<b>Antineoplastic - Alkylating Agent - Ethylenimines And Methylmelamines</b>			
HEXALEN ORAL CAPSULE 50 MG		Tier 1	
<b>Antineoplastic - Alkylating Agent - Nitrogen Mustards</b>			
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg		Tier 1	
melphalan oral tablet 2 mg	Alkeran	Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
LEUKERAN ORAL TABLET 2 MG		Tier 1	
MUSTARGEN INJECTION RECON SOLN 10 MG		Tier 1	
<b>Antineoplastic - Alkylating Agent - Nitrosoureas</b>			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Antiadrenals</b>			
LYSODREN ORAL TABLET 500 MG		Tier 1	
<b>Antineoplastic - Antiandrogens</b>			
bicalutamide oral tablet 50 mg	Casodex	Tier 1	
flutamide oral capsule 125 mg		Tier 1	
nilutamide oral tablet 150 mg	Nilandron	Tier 1	
<b>Antineoplastic - Antibody-Drug Conjugates (Adcs)</b>			
BESPOLSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)		Tier 1	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antineoplastic - Antimetabolite - Folic Acid Analogs</b>			
methotrexate sodium injection recon soln 1 gram		Tier 1	
methotrexate sodium injection solution 25 mg/ml		Tier 1	
methotrexate sodium oral tablet 2.5 mg		Tier 1	
<b>Antineoplastic - Antimetabolite - Purine Analogs</b>			
fludarabine intravenous recon soln 50 mg		Tier 1	
fludarabine intravenous solution 50 mg/2 ml		Tier 1	
mercaptopurine oral tablet 50 mg		Tier 1	
TABLOID ORAL TABLET 40 MG		Tier 1	
<b>Antineoplastic - Antimetabolite - Pyrimidine Analogs</b>			
azacitidine injection recon soln 100 mg	Vidaza	Tier 1	
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml		Tier 1	
fluorouracil intravenous solution 2.5 gram/50 ml	Adrucil	Tier 1	
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg		Tier 1	
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)		Tier 1	
ADRUCIL INTRAVENOUS SOLUTION 2.5 GRAM/50 ML, 5 GRAM/100 ML		Tier 1	
<b>Antineoplastic - Antimetabolite - Urea Derivatives</b>			
hydroxyurea oral capsule 500 mg	Hydrea	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antineoplastic - Anti-Slamf7 Monoclonal Antibody Agents</b>			
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Aromatase Inhibitors</b>			
anastrozole oral tablet 1 mg	Arimidex	Tier 1	
exemestane oral tablet 25 mg	Aromasin	Tier 1	
letrozole oral tablet 2.5 mg	Femara	Tier 1	
<b>Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors</b>			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Braf Kinase Inhibitors</b>			
ZELBORAF ORAL TABLET 240 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Cd20 Specific Recombinant Monoclonal Antibody Agents</b>			
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Cd22 Directed Antibody And Cytotoxin Conjugate</b>			
LUMOXITI INTRAVENOUS RECON SOLN 1 MG		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antineoplastic - Cd38 Specific Recombinant Monoclonal Antibody Agents</b>			
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML		Tier 1	
<b>Antineoplastic - Cytotoxic T-Lymphocyte Antigen (Ctla-4),R-Mc Antibody</b>			
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)		Tier 1	
<b>Antineoplastic - Epipodophyllotoxins</b>			
etoposide intravenous solution 20 mg/ml	Toposar	Tier 1	
etoposide oral capsule 50 mg		Tier 1	
<b>Antineoplastic - Epothilones And Analogs</b>			
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG		Tier 1	
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>			
ERIVEDGE ORAL CAPSULE 150 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Histone Deacetylase (Hdac) Inhibitors</b>			
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Immunotoxins</b>			
LUMOXITI INTRAVENOUS RECON SOLN 1 MG		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antineoplastic - Interferons</b>			
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Interleukins</b>			
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants</b>			
leuprolide subcutaneous solution 1 mg/0.2 ml		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG		Tier 1	
<b>Antineoplastic - Mast Cell Stabilizers</b>			
cromolyn oral concentrate 100 mg/5 ml	Gastrocrom	Tier 1	
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>			
MEKINIST ORAL TABLET 0.5 MG, 2 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Microtubule Inhibitors</b>			
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)		Tier 1	
<b>Antineoplastic - Mtor Kinase Inhibitors</b>			
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	Afinitor	Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
AFINITOR ORAL TABLET 10 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Mdh1) Inhibitors</b>			
TIBSOVO ORAL TABLET 250 MG		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Antineoplastic - Platinum Complexes</b>			
carboplatin intravenous recon soln 150 mg		Tier 1	
carboplatin intravenous solution 10 mg/ml	Paraplatin	Tier 1	
cisplatin intravenous solution 1 mg/ml		Tier 1	
oxaliplatin intravenous recon soln 100 mg, 50 mg		Tier 1	
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)		Tier 1	
<b>Antineoplastic - Progestins</b>			
megestrol oral tablet 20 mg, 40 mg		Tier 1	
<b>Antineoplastic - Protein-Tyrosine Kinase Inhibitors</b>			
imatinib oral tablet 100 mg, 400 mg	Gleevec	Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Retinoids</b>			
tretinoin (chemotherapy) oral capsule 10 mg		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Antineoplastic - Selective Estrogen Receptor Modulators (Serms)</b>			
tamoxifen oral tablet 10 mg, 20 mg		Tier 1	
<b>Antineoplastic - Selective Retinoid X Receptor Agonists</b>			
bexarotene oral capsule 75 mg	Targretin	Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antineoplastic - Taxanes</b>			
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml, 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)		Tier 1	
paclitaxel intravenous concentrate 6 mg/ml		Tier 1	
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		Tier 1	
<b>Antineoplastic - Topoisomerase I Inhibitors</b>			
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml	Camptosar	Tier 1	
topotecan intravenous recon soln 4 mg	Hycamtin	Tier 1	
<b>Antineoplastic - Vasc Endothelial Growth Factor Receptor (Vegfr) Antag</b>			
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML		Tier 1	
<b>Antineoplastic - Vinca Alkaloids And Analogs</b>			
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	Navelbine	Tier 1	
<b>Antineoplastic Antibiotic - Actinomycins</b>			
dactinomycin intravenous recon soln 0.5 mg	Cosmegen	Tier 1	
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG		Tier 1	
<b>Antineoplastic Antibiotic - Anthracyclines</b>			
doxorubicin intravenous recon soln 10 mg, 50 mg	Adriamycin	Tier 1	
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	Adriamycin	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	Doxil	Tier 1	
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	Ellence	Tier 1	
mitoxantrone intravenous concentrate 2 mg/ml		Tier 1	
ADRIAMYCIN INTRAVENOUS RECON SOLN 10 MG, 50 MG		Tier 1	
ADRIAMYCIN INTRAVENOUS SOLUTION 10 MG/5 ML, 2 MG/ML, 20 MG/10 ML, 50 MG/25 ML		Tier 1	
<b>Antineoplastic Antibiotic - Others</b>			
bleomycin injection recon soln 15 unit, 30 unit		Tier 1	
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	Mutamycin	Tier 1	
mitomycin intravesical solution 40 mg/10 ml (4 mg/ml)		Tier 1	
mitomycin intravesical syringe 20 mg/40 ml (0.5 mg/ml)		Tier 1	
<b>Antineoplastic-Anti-Programmed Cell Death Ligand-1 (Pd-L1) Mc Antib.</b>			
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
<b>Antineoplastic-Anti-Programmed Cell Death Receptor-1 (Pd-1) Mc Antib.</b>			
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML		Tier 1	
<b>Antineoplastic-Cd22 Specific Antibody / Cytotoxic Antibiotic Conjugate</b>			
BESPOLSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antineoplastic-Her2 Targeted Antibody-Microtubule Inhibitor Conjugate</b>			
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG		Tier 1	
<b>Antineoplastic-Vasc Endothelial Growth Fac(Vegf-A,B And Plgf)Inhibitor</b>			
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)		Tier 1	
<b>Epidermal Growth Factor Recept Blocker (Her-2 Type), Rec-Mc Antibody</b>			
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG		Tier 1	
<b>Methotrexate Rescue Agents</b>			
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg		Tier 1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		Tier 1	
<b>Methotrexate Rescue Agents - Folic Acid Antagonist Type</b>			
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg		Tier 1	
leucovorin calcium injection solution 10 mg/ml		Tier 1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		Tier 1	
<b>Urinary Tract Protective Agents Used In Conjunction With Chemotherapy</b>			
amifostine crystalline intravenous recon soln 500 mg	Ethyol	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antiseptics And Disinfectants</b>			
<b>Antiseptic - Alcohols</b>			
ethyl alcohol topical solution 70 %	Rubbing Alcohol (ethanol)	Tier 1	QL (1,920 Units per 30 Days)
isopropyl alcohol topical spray,non-aerosol 70 %		Tier 1	QL (948 Units per 30 Days)
ANTISEPTIC BIO-HAND TOPICAL GEL IN PACKET 66.5 %		Tier 1	QL (168 Units per 30 Days)
DERMAGEL HAND SANITIZER TOPICAL GEL 62 %		Tier 1	QL (1,600 Units per 30 Days)
ENOVATIZER TOPICAL GEL 70 %		Tier 1	QL (944 Units per 30 Days)
EPI-CLENZ TOPICAL FOAM 62 %		Tier 1	QL (946 Units per 30 Days)
EPI-CLENZ TOPICAL GEL 70 %		Tier 1	QL (944 Units per 30 Days)
GERM DEFENSE TOPICAL GEL 62 %		Tier 1	QL (1,600 Units per 30 Days)
HAND SANITIZER TOPICAL GEL 62 %		Tier 1	QL (1,600 Units per 30 Days)
HAND SANITIZER TOPICAL GEL 70 %		Tier 1	QL (944 Units per 30 Days)
RENEWAL HAND SANITIZER TOPICAL GEL 62 %		Tier 1	QL (1,600 Units per 30 Days)
RUBBING ALCOHOL (ETHANOL) TOPICAL SOLUTION 70 %		Tier 1	QL (1,920 Units per 30 Days)
<b>Biologicals</b>			
<b>Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv)</b>			
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Hepatitis A And Hepatitis B Vaccine Combinations</b>			
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML		Tier 1	AL (Min 19 Years)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Hepatitis A Vaccine - Single Agents</b>			
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML		Tier 1	AL (Min 19 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML		Tier 1	AL (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML		Tier 1	AL (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML		Tier 1	AL (Min 19 Years)
<b>Hepatitis B Vaccines - Single Agents</b>			
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML		Tier 1	AL (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML		Tier 1	AL (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML		Tier 1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML		Tier 1	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML		Tier 1	AL (Min 19 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML		Tier 1	AL (Min 19 Years)
<b>Immune Globulin - Gamma Globulin (Igg), Human</b>			
BIVIGAM INTRAVENOUS SOLUTION 10 %		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
GAMMAGARD LIQUID INJECTION SOLUTION 10 %		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 5 %		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
PRIVIGEN INTRAVENOUS SOLUTION 10 %		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Immune Globulin - Hepatitis B</b>			
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)		Tier 1	SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Immune Globulin - Rabies</b>			
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML		Tier 1	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML		Tier 1	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML		Tier 1	
<b>Immune Globulin - Tetanus</b>			
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT		Tier 1	
<b>Live Vaccine And Live Virus Formulations</b>			
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML		Tier 1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML		Tier 1	AL (Min 19 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		Tier 1	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML		Tier 1	

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Toxoid Vaccine Combinations</b>			
tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml	TDVAX	Tier 1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML		Tier 1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML		Tier 1	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML		Tier 1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML		Tier 1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML		Tier 1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML		Tier 1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML		Tier 1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML		Tier 1	
<b>Vaccine Bacterial - Gram Negative Cocci</b>			
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML		Tier 1	AL (Min 19 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML		Tier 1	AL (Min 19 Years)
<b>Vaccine Bacterial - Gram Positive Cocci</b>			
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML		Tier 1	
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML		Tier 1	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML		Tier 1	
<b>Vaccine Bacterial - Meningococcal Group B Vaccines</b>			
BEXSERO (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML		Tier 1	AL (Min 19 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML		Tier 1	AL (Min 19 Years)
<b>Vaccine Viral - Human Papillomavirus (Hpv) Vaccines</b>			
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML		Tier 1	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML		Tier 1	
<b>Vaccine Viral - Influenza A And B</b>			
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML		Tier 1	
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML		Tier 1	
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML		Tier 1	
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML		Tier 1	
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	
FLUZONE QUAD SOUTH HEM2021(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	
FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML		Tier 1	
<b>Vaccine Viral - Measles</b>			
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML		Tier 1	AL (Min 19 Years)
<b>Vaccine Viral - Mumps And Related</b>			
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML		Tier 1	AL (Min 19 Years)
<b>Vaccine Viral - Rabies</b>			
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT		Tier 1	AL (Min 19 Years)
<b>Vaccine Viral - Rubella</b>			
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML		Tier 1	AL (Min 19 Years)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Vaccine Viral - Varicella</b>			
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML		Tier 1	AL (Min 50 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		Tier 1	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML		Tier 1	AL (Min 50 Years)
<b>Vaccine Viral Combinations</b>			
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML		Tier 1	AL (Min 19 Years)
<b>Cardiovascular Therapy Agents</b>			
<b>Ace Inhibitor And Calcium Channel Blocker Combinations</b>			
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	Lotrel	Tier 1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		Tier 1	
<b>Ace Inhibitor And Diuretic Combinations</b>			
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	Vaseretic	Tier 1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Zestoretic	Tier 1	
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg		Tier 1	
<b>Ace Inhibitors</b>			
benazepril oral tablet 10 mg, 20 mg, 40 mg	Lotensin	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
benazepril oral tablet 5 mg		Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		Tier 1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Vasotec	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 30 mg, 40 mg, 5 mg	Zestril	Tier 1	
lisinopril oral tablet 20 mg	Prinivil	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg		Tier 1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Accupril	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Altace	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Tier 1	
EPANED ORAL SOLUTION 1 MG/ML		Tier 1	AL (Max 12 Years)
QBRELIS ORAL SOLUTION 1 MG/ML		Tier 1	AL (Max 12 Years)
<b>Aldosterone Receptor Antagonists</b>			
eplerenone oral tablet 25 mg, 50 mg	Inspra	Tier 1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Aldactone	Tier 1	
<b>Alpha-Beta Blockers</b>			
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Coreg	Tier 1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg	Coreg CR	Tier 1	ST
carvedilol phosphate oral capsule, er multiphase 24 hr 80 mg	Coreg CR	Tier 1	
labetalol oral tablet 100 mg, 200 mg, 300 mg		Tier 1	
<b>Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker Comb.</b>			
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Azor	Tier 1	ST
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Exforge	Tier 1	ST

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations</b>			
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Hyzaar	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Diovan HCT	Tier 1	QL (1 Unit per Day)
<b>Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (Arni)</b>			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		Tier 1	C1 (Code 1: Prescribed by a Cardiologist or in consultation with a Cardiologist at hospital discharge ); QL (2 Units per Day)
<b>Angiotensin II Receptor Blockers (Arbs)</b>			
losartan oral tablet 100 mg, 25 mg, 50 mg	Cozaar	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Diovan	Tier 1	QL (1 Unit per Day)
<b>Antianginal - Coronary Vasodilators (Nitrates)</b>			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		Tier 1	
isosorbide dinitrate oral tablet 5 mg	Isordil Titradoso	Tier 1	
isosorbide dinitrate oral tablet extended release 40 mg		Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		Tier 1	
nitroglycerin oral capsule, extended release 2.5 mg		Tier 1	
nitroglycerin oral capsule, extended release 6.5 mg, 9 mg	Nitro-Time	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Nitrostat	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr		Tier 1	
nitroglycerin translingual spray, non-aerosol 400 mcg/spray	Nitrolingual	Tier 1	
nitrostat sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg		Tier 1	
ISORDIL ORAL TABLET 40 MG		Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %		Tier 1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		Tier 1	
<b>Antiarrhythmic - Class Ia</b>			
disopyramide phosphate oral capsule 100 mg, 150 mg	Norpace	Tier 1	
norpace cr oral capsule, extended release 100 mg, 150 mg		Tier 1	
quinidine gluconate injection solution 80 mg/ml		Tier 1	
quinidine gluconate oral tablet extended release 324 mg		Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 1	
<b>Antiarrhythmic - Class Ib</b>			
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 1	
<b>Antiarrhythmic - Class Ic</b>			
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 1	
propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg	Rythmol SR	Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antiarrhythmic - Class Ii</b>			
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Sorine	Tier 1	
<b>Antiarrhythmic - Class Iii</b>			
amiodarone oral tablet 100 mg	Pacerone	Tier 1	
amiodarone oral tablet 200 mg		Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tikosyn	Tier 1	
<b>Antiarrhythmic - Class Iv</b>			
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 1	
<b>Antihyperlipidemic - Bile Acid Sequestrants</b>			
cholestyramine (with sugar) oral powder 4 gram	Questran	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	Questran	Tier 1	
cholestyramine light oral powder 4 gram		Tier 1	
cholestyramine light oral powder in packet 4 gram		Tier 1	
cholestyramine/aspartame oral powder 4 gram		Tier 1	
cholestyramine/aspartame oral powder in packet 4 gram		Tier 1	
colesevelam oral powder in packet 3.75 gram	WelChol	Tier 1	
colesevelam oral tablet 625 mg	WelChol	Tier 1	
<b>Antihyperlipidemic - Fibric Acid Derivatives</b>			
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tricor	Tier 1	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	Trilipix	Tier 1	
gemfibrozil oral tablet 600 mg	Lopid	Tier 1	

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)</b>			
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Lipitor	Tier 1	QL (30 Units per 30 Days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		Tier 1	
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		Tier 1	
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Crestor	Tier 1	ST; QL (30 Units per 30 Days)
simvastatin oral tablet 10 mg, 20 mg	Zocor	Tier 1	
simvastatin oral tablet 40 mg	Zocor	Tier 1	QL (30 Units per 30 Days )
simvastatin oral tablet 5 mg		Tier 1	
<b>Antihyperlipidemic - Nicotinic Acid Derivatives</b>			
niacin oral tablet 500 mg	Niacor	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Niaspan Extended-Release	Tier 1	
<b>Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor</b>			
ezetimibe oral tablet 10 mg	Zetia	Tier 1	
<b>Antihyperlipidemic Agents - Dietary Source</b>			
fish oil oral capsule 1,000 mg		Tier 1	
maxepa oral capsule 500 mg		Tier 1	
omega-3 fatty acids oral capsule 1,000 mg	Fish Oil Concentrate	Tier 1	
<b>Antihyperlipidemic Agents - Dietary Source Combinations</b>			
fish oil oral capsule 1,000-200 mg, 300-1,000 mg		Tier 1	
fish oil oral capsule,delayed release(dr/ec) 60-90-500 mg		Tier 1	
omega-3 fatty acids oral capsule 1,000 mg (120 mg-180 mg)	Fish Oil	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker</b>			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Caduet	Tier 1	QL (30 Units per 30 Days )
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Tier 1	QL (30 Units per 30 Days )
<b>Beta Blockers Cardiac Selective</b>			
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tenormin	Tier 1	
bisoprolol fumarate oral tablet 10 mg		Tier 1	QL (2 Units per Day)
bisoprolol fumarate oral tablet 5 mg		Tier 1	QL (1 Unit per Day)
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Toprol XL	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	Lopressor	Tier 1	
metoprolol tartrate oral tablet 25 mg		Tier 1	
<b>Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity</b>			
acebutolol oral capsule 200 mg, 400 mg		Tier 1	
<b>Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity</b>			
pindolol oral tablet 10 mg, 5 mg		Tier 1	
<b>Beta Blockers Non-Cardiac Selective</b>			
nadolol oral tablet 20 mg, 40 mg, 80 mg	Corgard	Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Inderal LA	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		Tier 1	AL (Max 17 Years)
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		Tier 1	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG		Tier 1	
<b>Calcium Channel Blockers - Benzothiazepines</b>			
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg		Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg		Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	Tiadylt ER	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg		Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	Cardizem	Tier 1	
diltiazem hcl oral tablet 90 mg		Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Matzim LA	Tier 1	
<b>Calcium Channel Blockers - Dihydropyridines</b>			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Norvasc	Tier 1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 1	
isradipine oral capsule 2.5 mg, 5 mg		Tier 1	
nifedipine oral capsule 10 mg, 20 mg		Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Procardia XL	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg		Tier 1	
nifedipine oral tablet extended release 90 mg	Adalat CC	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Calcium Channel Blockers - Phenylalkylamines</b>			
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Verelan PM	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Verelan	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Calan SR	Tier 1	
<b>Cardiac Selective Beta Blocker- Thiazide Diuretic And Related Comb.</b>			
atenolol-chlorthalidone oral tablet 100-25 mg	Tenoretic 100	Tier 1	
atenolol-chlorthalidone oral tablet 50-25 mg	Tenoretic 50	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Ziac	Tier 1	
<b>Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents</b>			
epinephrine injection auto-injector 0.15 mg/0.15 ml	Auvi-Q	Tier 1	
epinephrine injection auto-injector 0.15 mg/0.3 ml	EpiPen Jr	Tier 1	
epinephrine injection auto-injector 0.3 mg/0.3 ml	EpiPen	Tier 1	
epipen 2-pak injection auto-injector 0.3 mg/0.3 ml		Tier 1	
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML		Tier 1	
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML		Tier 1	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Cardiovascular Sympathomimetics</b>			
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
<b>Central Alpha-2 Receptor Agonists</b>			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		Tier 1	
guanfacine oral tablet 1 mg, 2 mg		Tier 1	
methyldopa oral tablet 250 mg, 500 mg		Tier 1	
<b>Digitalis Glycosides</b>			
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)		Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)		Tier 1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)		Tier 1	
lanoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)		Tier 1	
<b>Direct Acting Vasodilators</b>			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg		Tier 1	
<b>Diuretic - Aldosterone Receptor Antagonist, Non-Selective</b>			
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Aldactone	Tier 1	
<b>Diuretic - Aldosterone Receptor Antagonist, Selective</b>			
eplerenone oral tablet 25 mg, 50 mg	Inspra	Tier 1	
<b>Diuretic - Carbonic Anhydrase Inhibitors</b>			
acetazolamide oral capsule, extended release 500 mg		Tier 1	
acetazolamide oral tablet 250 mg		Tier 1	
methazolamide oral tablet 25 mg, 50 mg		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Diuretic - Loop</b>			
bumetanide injection solution 0.25 mg/ml		Tier 1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
furosemide oral solution 10 mg/ml		Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Lasix	Tier 1	
torseamide oral tablet 20 mg		Tier 1	
<b>Diuretic - Osmotic</b>			
mannitol 10 % intravenous parenteral solution 10 %	Osmitrol 10 %	Tier 1	PA
mannitol 20 % intravenous parenteral solution 20 %	Osmitrol 20 %	Tier 1	PA
mannitol 25 % intravenous solution 25 %		Tier 1	
mannitol 5 % intravenous parenteral solution 5 %	Osmitrol 5 %	Tier 1	PA
<b>Diuretic - Potassium Sparing</b>			
triamterene oral capsule 100 mg, 50 mg	Dyrenium	Tier 1	
<b>Diuretic - Potassium Sparing- Thiazide And Related Combinations</b>			
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Aldactazide	Tier 1	QL (90 Units per 30 Days)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg		Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	Maxzide-25mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet 75-50 mg	Maxzide	Tier 1	
<b>Diuretic - Thiazides And Related</b>			
chlorthalidone oral tablet 25 mg, 50 mg		Tier 1	
hydrochlorothiazide oral capsule 12.5 mg		Tier 1	
hydrochlorothiazide oral tablet 25 mg, 50 mg		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
indapamide oral tablet 1.25 mg, 2.5 mg		Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
<b>Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors</b>			
CORLANOR ORAL TABLET 5 MG, 7.5 MG		Tier 1	PA
<b>Peripheral Alpha-1 Receptor Blockers</b>			
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Cardura	Tier 1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	Minipress	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 1	
<b>Pulmonary Arterial Hypertension Agents-Selective Cgmp-Pde5 Inhibitors</b>			
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	Revatio	Tier 1	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Revatio	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
sildenafil (pulm.hypertension) oral tablet 20 mg	Revatio	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	Alyq	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
ALYQ ORAL TABLET 20 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Renin Inhibitor, Direct</b>			
TEKTURNA ORAL TABLET 150 MG, 300 MG		Tier 1	ST

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Renin Inhibitor, Direct And Diuretic Combinations</b>			
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG		Tier 1	ST
<b>Central Nervous System Agents</b>			
<b>Antianxiety Agent - Antihistamine Type</b>			
hydroxyzine hcl oral solution 10 mg/5 ml		Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	
hydroxyzine pamoate oral capsule 100 mg		Tier 1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	Vistaril	Tier 1	
<b>Antianxiety Agent - Benzodiazepines</b>			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Xanax	Tier 1	QL (120 Units per 30 Days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		Tier 1	QL (120 Units per 30 Days)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Klonopin	Tier 1	QL (120 Units per 30 Days)
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	QL (120 Units per 30 Days)
clorazepate dipotassium oral tablet 15 mg		Tier 1	QL (120 Units per 30 Days)
clorazepate dipotassium oral tablet 3.75 mg		Tier 1	QL (90 Units per 30 Days)
clorazepate dipotassium oral tablet 7.5 mg	Tranxene T-Tab	Tier 1	QL (90 Units per 30 Days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	Valium	Tier 1	QL (120 Units per 30 Days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Ativan	Tier 1	QL (120 Units per 30 Days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 1	QL (120 Units per 30 Days)

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Antianxiety Agent - Non-Benzodiazepine</b>			
bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		Tier 1	QL (120 Units per 30 Days)
<b>Anticonvulsant - Barbiturates And Derivatives</b>			
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		Tier 1	
primidone oral tablet 250 mg, 50 mg	Mysoline	Tier 1	
<b>Anticonvulsant - Benzodiazepines</b>			
clobazam oral suspension 2.5 mg/ml	Onfi	Tier 1	C1 (Must be prescribed by Neurologist); QL (8 Units per Day)
clobazam oral tablet 10 mg, 20 mg	Onfi	Tier 1	C1 (Must be prescribed by Neurologist); QL (2 Units per Day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Klonopin	Tier 1	QL (120 Units per 30 Days)
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	QL (120 Units per 30 Days)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	Diastat AcuDial	Tier 1	
diazepam rectal kit 2.5 mg	Diastat	Tier 1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 1	C1 (CODE 1: Prescribed by a Neurologist); QL (2 Units per 30 Days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		Tier 1	C1 (CODE 1: Prescribed by a Neurologist); QL (2 Units per 30 Days)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Anticonvulsant - Carboxylic Acid Derivatives</b>			
divalproex oral capsule, delayed rel sprinkle 125 mg	Depakote Sprinkles	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Depakote ER	Tier 1	C1 (CODE 1: Diagnosis of Seizures or Patient is stable on Depakote ER)
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Depakote	Tier 1	
valproic acid oral capsule 250 mg		Tier 1	
valproic acid oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)		Tier 1	
<b>Anticonvulsant - Functionalized Amino Acid</b>			
VIMPAT ORAL SOLUTION 10 MG/ML		Tier 1	C1 (Must be prescribed by Neurologist); QL (40 Units per Day)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 1	C1 (Must be prescribed by Neurologist); QL (2 Units per Day)
<b>Anticonvulsant - Gaba Analogs</b>			
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Neurontin	Tier 1	
gabapentin oral solution 250 mg/5 ml	Neurontin	Tier 1	
gabapentin oral tablet 600 mg	Neurontin	Tier 1	QL (6 Units per Day)
gabapentin oral tablet 800 mg	Neurontin	Tier 1	QL (4 Units per Day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Lyrica	Tier 1	QL (90 Units per 30 Days)
pregabalin oral capsule 225 mg, 300 mg	Lyrica	Tier 1	QL (60 Units per 30 Days)
<b>Anticonvulsant - Hydantoins</b>			
dilantin oral suspension 125 mg/5 ml		Tier 1	
phenytoin oral capsule 100 mg, 200 mg, 300 mg		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
phenytoin oral suspension 100 mg/4 ml		Tier 1	
phenytoin oral suspension 125 mg/5 ml	Dilantin-125	Tier 1	
phenytoin oral tablet, chewable 50 mg		Tier 1	
DILANTIN ORAL CAPSULE 30 MG		Tier 1	
<b>Anticonvulsant - Iminostilbene Derivatives</b>			
carbamazepine oral suspension 100 mg/5 ml	Tegretol	Tier 1	
carbamazepine oral tablet 200 mg		Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tegretol XR	Tier 1	
carbamazepine oral tablet, chewable 100 mg		Tier 1	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Trileptal	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Trileptal	Tier 1	
tegretol xr oral tablet extended release 12 hr 100 mg		Tier 1	
<b>Anticonvulsant - Monosaccharide Derivatives</b>			
topiramate oral capsule, sprinkle 15 mg, 25 mg	Topamax	Tier 1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Topamax	Tier 1	
<b>Anticonvulsant - Phenyltriazine Derivatives</b>			
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Subvenite	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Lamictal XR	Tier 1	C1 (Must be prescribed by Neurologist)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Lamictal	Tier 1	
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	Lamictal ODT	Tier 1	C1 (Must be prescribed by Neurologist)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
lamotrigine oral tablets,dose pack 25 mg (35)	Subvenite Starter (Blue) Kit	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	Subvenite Starter (Orange) Kit	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	Subvenite Starter (Green) Kit	Tier 1	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG		Tier 1	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)		Tier 1	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)		Tier 1	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) - 100 MG (7)		Tier 1	
<b>Anticonvulsant - Pyrrolidine Derivatives</b>			
levetiracetam intravenous solution 500 mg/5 ml	Keppra	Tier 1	
levetiracetam oral solution 100 mg/ml	Keppra	Tier 1	
levetiracetam oral solution 500 mg/5 ml (5 ml)		Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Keppra	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Keppra XR	Tier 1	QL (120 Units per 30 Days)
<b>Anticonvulsant - Succinimides</b>			
ethosuximide oral capsule 250 mg	Zarontin	Tier 1	
ethosuximide oral solution 250 mg/5 ml	Zarontin	Tier 1	
<b>Anticonvulsant - Sulfonamide Derivatives</b>			
zonisamide oral capsule 100 mg, 25 mg	Zonegran	Tier 1	QL (180 Units per 30 Days)
zonisamide oral capsule 50 mg		Tier 1	QL (180 Units per 30 Days)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antidepressant - Alpha-2 Receptor Antagonists (Nassa)</b>			
mirtazapine oral tablet 15 mg, 30 mg	Remeron	Tier 1	
mirtazapine oral tablet 45 mg		Tier 1	
<b>Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssrís)</b>			
citalopram oral solution 10 mg/5 ml		Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	Celexa	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml		Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Lexapro	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg	Prozac	Tier 1	
fluoxetine oral capsule 40 mg	Prozac	Tier 1	QL (60 Units per 30 Days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		Tier 1	
fluoxetine oral tablet 10 mg, 20 mg		Tier 1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		Tier 1	
paroxetine oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Paxil	Tier 1	
paroxetine oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	Paxil CR	Tier 1	ST
paxil oral suspension 10 mg/5 ml		Tier 1	
sertraline oral concentrate 20 mg/ml	Zoloft	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	Zoloft	Tier 1	
<b>Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris)</b>			
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snrts)</b>			
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Pristiq	Tier 1	ST
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Cymbalta	Tier 1	QL (60 Units per 30 Days)
venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg	Effexor XR	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		Tier 1	
<b>Antidepressant - Ssri And 5Ht1a Partial Agonist</b>			
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 1	ST
<b>Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator</b>			
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 1	ST
<b>Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb</b>			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		Tier 1	
<b>Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndrts)</b>			
bupropion hcl oral tablet 100 mg, 75 mg		Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Wellbutrin XL	Tier 1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Wellbutrin SR	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors)</b>			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Anafranil	Tier 1	
desipramine oral tablet 10 mg, 25 mg	Norpramin	Tier 1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
doxepin oral concentrate 10 mg/ml		Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Pamelor	Tier 1	
nortriptyline oral solution 10 mg/5 ml		Tier 1	
protriptyline oral tablet 10 mg, 5 mg		Tier 1	
<b>Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb</b>			
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	Stalevo 50	Tier 1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	Stalevo 100	Tier 1	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	Stalevo 150	Tier 1	
<b>Antiparkinson - Dopaminergic-Peripheral Dopa-Decarboxylase Inhibit Comb</b>			
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg	Sinemet	Tier 1	
carbidopa-levodopa oral tablet 25-250 mg		Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antiparkinson Adjuvant - Peripheral Comt Inhibitors</b>			
entacapone oral tablet 200 mg	Comtan	Tier 1	
<b>Antiparkinson Therapy - Ergot Alkaloids And Derivatives</b>			
bromocriptine oral capsule 5 mg	Parlodel	Tier 1	
bromocriptine oral tablet 2.5 mg	Parlodel	Tier 1	
<b>Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B)</b>			
selegiline hcl oral tablet 5 mg		Tier 1	
<b>Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents</b>			
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg	Mirapex	Tier 1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		Tier 1	
<b>Antipsychotic - Phenothiazines, Piperazine</b>			
prochlorperazine maleate oral tablet 10 mg, 5 mg	Compazine	Tier 1	
<b>Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist</b>			
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Intuniv ER	Tier 1	QL (30 Units per 30 Days/Dispense up to 90 Days); AL (Max 18 Years)
<b>Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type</b>			
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Focalin XR	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine oral capsule, extended release 10 mg	Dexedrine Spansule	Tier 1	QL (4 Units per Day up to a 90 Day Supply); AL (Max 18 Years)

Revise : 10/01/2021



<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
dextroamphetamine oral capsule, extended release 15 mg, 5 mg	Dexedrine Spansule	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine oral tablet 10 mg	Zenzedi	Tier 1	QL (4 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine oral tablet 5 mg	Zenzedi	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg	Adderall XR	Tier 1	QL (1 Unit per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg	Adderall XR	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Adderall	Tier 1	QL (3 Units per Day up to a 90 Day Supply)
dextroamphetamine-amphetamine oral tablet 30 mg	Adderall	Tier 1	QL (2 Units per Day up to a 90 Day Supply)
metadate er oral tablet extended release 20 mg		Tier 1	QL (3 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
methylphenidate oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg		Tier 1	QL (1 Unit per Day up to a 90 Day Supply); AL (Max 18 Years)
methylphenidate oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg	Ritalin LA	Tier 1	QL (1 Unit per Day up to a 90 Day Supply); AL (Max 18 Years)
methylphenidate oral capsule, er biphasic 50-50 30 mg	Ritalin LA	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
methylphenidate oral tablet 10 mg, 20 mg, 5 mg	Ritalin	Tier 1	QL (3 Units per Day)
methylphenidate oral tablet extended release 10 mg		Tier 1	QL (3 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
methylphenidate oral tablet extended release 20 mg	Metadate ER	Tier 1	QL (3 Units per Day up to a 90 Day Supply); AL (Max 18 Years)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
methylphenidate oral tablet extended release 24hr 18 mg, 27 mg	Concerta	Tier 1	QL (1 Unit per Day up to a 90 Day Supply); AL (Max 18 Years)
methylphenidate oral tablet extended release 24hr 36 mg, 54 mg	Concerta	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR		Tier 1	QL (Dispense up to 90 Day Supply); AL (Max 18 Years)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG		Tier 1	QL (30 Units per 30 Days/Dispense up to 90 Day Supply); AL (Max 18 Years)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG		Tier 1	QL (60 Units per 30 Days/Dispense up to 90 Days Supply); AL (Max 18 Years)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 40 MG		Tier 1	QL (30 Units per 30 Days/Dispense up to 90 Days Supply); AL (Max 18 Years)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)		Tier 1	QL (360 Units per 30 Days/Dispense up to 90 Day Supply); AL (Max 18 Years)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		Tier 1	QL (1 Unit per Day up to a 90 Day Supply); AL (Max 18 Years)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 1	QL (1 Unit per Day up to a 90 Day Supply); AL (Max 18 Years)
<b>Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type</b>			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Strattera	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	Strattera	Tier 1	QL (1 Units per Day up to a 90 Day Supply); AL (Max 18 Years)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Benzodiazepines</b>			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Xanax	Tier 1	QL (120 Units per 30 Days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		Tier 1	QL (120 Units per 30 Days)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Librax (with clidinium)	Tier 1	
clobazam oral suspension 2.5 mg/ml	Onfi	Tier 1	C1 (Must be prescribed by Neurologist); QL (8 units per day)
clobazam oral tablet 10 mg, 20 mg	Onfi	Tier 1	C1 (Must be prescribed by Neurologist); QL (2 Units per Day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Klonopin	Tier 1	QL (120 Units per 30 Days)
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	QL (120 Units per 30 Days)
clorazepate dipotassium oral tablet 15 mg		Tier 1	QL (120 Units per 30 Days)
clorazepate dipotassium oral tablet 3.75 mg		Tier 1	QL (90 Units per 30 Days)
clorazepate dipotassium oral tablet 7.5 mg	Tranxene T-Tab	Tier 1	QL (90 Units per 30 Days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	Valium	Tier 1	QL (120 Units per 30 Days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Ativan	Tier 1	QL (120 Units per 30 Days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 1	QL (120 Units per 30 Days)
temazepam oral capsule 15 mg, 30 mg	Restoril	Tier 1	QL (30 Units per 30 Days)
temazepam oral capsule 7.5 mg	Restoril	Tier 1	QL (30 Units per 30 Days); AL (Min 65 Years)
triazolam oral tablet 0.125 mg		Tier 1	QL (30 Units per 30 Days)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
triazolam oral tablet 0.25 mg	Halcion	Tier 1	QL (60 Units per 30 Days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 1	C1 (CODE 1: Prescribed by a Neurologist); QL (2 Units per 30 Days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		Tier 1	C1 (CODE 1: Prescribed by a Neurologist); QL (2 Units per 30 Days)
<b>Bipolar Therapy Agents - Anticonvulsant Type</b>			
carbamazepine oral suspension 100 mg/5 ml	Tegretol	Tier 1	
carbamazepine oral tablet 200 mg		Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tegretol XR	Tier 1	
carbamazepine oral tablet, chewable 100 mg		Tier 1	
divalproex oral capsule, delayed rel sprinkle 125 mg	Depakote Sprinkles	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Depakote ER	Tier 1	C1 (CODE 1: Diagnosis of Seizures or Patient is stable on Depakote ER)
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Depakote	Tier 1	
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	Lamictal ODT	Tier 1	C1 (Must be prescribed by Neurologist)
tegretol xr oral tablet extended release 12 hr 100 mg		Tier 1	
valproic acid oral capsule 250 mg		Tier 1	
valproic acid oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Cns Stimulant - Amphetamine Combinations</b>			
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Adderall XR	Tier 1	QL (1 Unit per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Adderall XR	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Adderall	Tier 1	QL (3 Units per Day up to a 90 Day Supply)
dextroamphetamine-amphetamine oral tablet 30 mg	Adderall	Tier 1	QL (2 Units per Day up to a 90 Day Supply)
<b>Cns Stimulant - Amphetamines</b>			
dextroamphetamine oral capsule, extended release 10 mg	Dexedrine Spansule	Tier 1	QL (4 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine oral capsule, extended release 15 mg, 5 mg	Dexedrine Spansule	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine oral tablet 10 mg	Zenedi	Tier 1	QL (4 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine oral tablet 5 mg	Zenedi	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
<b>Fibromyalgia Agents - Gaba Analogs</b>			
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Lyrica	Tier 1	QL (90 Units per 30 Days)
pregabalin oral capsule 225 mg, 300 mg	Lyrica	Tier 1	QL (60 Units per 30 Days)
<b>Hypnotics - Melatonin M1/M2 Receptor Agonists</b>			
ramelteon oral tablet 8 mg	Rozerem	Tier 1	QL (30 Units per 30 Days)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Migraine Therapy - Analgesic-Vasoconstrictor-Sedative Combinations</b>			
isometh-dichloral-acetaminophn oral capsule 65-100-325 mg		Tier 1	
<b>Migraine Therapy - Carboxylic Acid Derivatives</b>			
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Depakote ER	Tier 1	C1 (CODE 1: Diagnosis of Seizures or Patient is stable on Depakote ER)
<b>Migraine Therapy - Ergot Combinations</b>			
cafergot oral tablet 1-100 mg		Tier 1	
ergotamine-caffeine oral tablet 1-100 mg	Cafergot	Tier 1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		Tier 1	
<b>Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)</b>			
eletriptan oral tablet 20 mg, 40 mg	Relpax	Tier 1	ST; QL (12 Units per 30 Days)
frovatriptan oral tablet 2.5 mg	Frova	Tier 1	ST; QL (12 Units per 30 Days)
naratriptan oral tablet 1 mg, 2.5 mg	Amerge	Tier 1	ST; QL (12 Units per 30 Days)
rizatriptan oral tablet 10 mg	Maxalt	Tier 1	QL (12 Units per 30 Days)
rizatriptan oral tablet 5 mg		Tier 1	QL (12 Units per 30 Days)
rizatriptan oral tablet,disintegrating 10 mg	Maxalt-MLT	Tier 1	QL (12 Units per 30 Days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 1	QL (12 Units per 30 Days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	Imitrex	Tier 1	QL (2 Units per 30 Days)
sumatriptan oral tablet 100 mg, 25 mg, 50 mg	Imitrex	Tier 1	QL (12 Units per 30 days)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
sumatriptan subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	Imitrex STATdose Refill	Tier 1	QL (6 Units per 30 Days)
sumatriptan subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	Imitrex STATdose Pen	Tier 1	QL (6 Units per 30 Days)
sumatriptan subcutaneous solution 6 mg/0.5 ml	Imitrex	Tier 1	QL (6 Units per 30 Days)
sumatriptan subcutaneous syringe 6 mg/0.5 ml		Tier 1	QL (6 Units per 30 Days)
zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg	Zomig	Tier 1	ST; QL (12 Units per 30 Days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Zomig	Tier 1	ST; QL (12 Units per 30 Days)
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg		Tier 1	ST; QL (12 Units per 30 Days)
<b>Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative</b>			
methylphenidate oral tablet 10 mg, 20 mg, 5 mg	Ritalin	Tier 1	QL (3 Units per Day)
<b>Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines</b>			
dextroamphetamine oral capsule, extended release 10 mg	Dexedrine Spansule	Tier 1	QL (4 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine oral capsule, extended release 15 mg, 5 mg	Dexedrine Spansule	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine oral tablet 10 mg	Zenzedi	Tier 1	QL (4 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine oral tablet 5 mg	Zenzedi	Tier 1	QL (2 Units per Day up to a 90 Day Supply); AL (Max 18 Years)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Adderall	Tier 1	QL (3 Units per Day up to a 90 Day Supply)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
dextroamphetamine-amphetamine oral tablet 30 mg	Adderall	Tier 1	QL (2 Units per Day up to a 90 Day Supply)
<b>Sedative-Hypnotic - Antihistamines</b>			
diphenhydramine oral capsule 25 mg		Tier 1	
diphenhydramine oral capsule 50 mg	Banophen	Tier 1	
diphenhydramine oral tablet 25 mg	Aller-G-Time	Tier 1	
<b>Sedative-Hypnotic - Barbiturates</b>			
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		Tier 1	
<b>Sedative-Hypnotic - Benzodiazepines</b>			
temazepam oral capsule 15 mg, 30 mg	Restoril	Tier 1	QL (30 Units per 30 Days)
temazepam oral capsule 7.5 mg	Restoril	Tier 1	QL (30 Units per 30 Days); AL (Min 65 Years)
triazolam oral tablet 0.125 mg		Tier 1	QL (30 Units per 30 Days)
triazolam oral tablet 0.25 mg	Halcion	Tier 1	QL (60 Units per 30 Days)
<b>Sedative-Hypnotic - Gaba-Receptor Modulators</b>			
zaleplon oral capsule 10 mg, 5 mg		Tier 1	ST; QL (30 Units per 30 Days)
zolpidem oral tablet 10 mg, 5 mg	Ambien	Tier 1	QL (60 Units per 30 Days)
<b>Chemical Dependency, Agents To Treat</b>			
<b>Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type</b>			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		Tier 1	QL (60 Units per 30 Days)

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Smoking Deterrents - Nicotine-Type</b>			
nicotine buccal gum 2 mg, 4 mg		Tier 1	
nicotine buccal lozenge 2 mg	Quit 2	Tier 1	
nicotine buccal lozenge 4 mg	Quit 4	Tier 1	
nicotine buccal mini lozenge 2 mg, 4 mg	Nicorette	Tier 1	
nicotine transdermal patch 24 hour 14 mg/24 hr, 7 mg/24 hr	Nicoderm CQ	Tier 1	
nicotine transdermal patch 24 hour 21 mg/24 hr		Tier 1	
NICOTINE BUCCAL LOZENGE 2 MG, 4 MG		Tier 1	
<b>Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2</b>			
varenicline oral tablet 0.5 mg, 1 mg	Chantix	Tier 1	QL (60 Units per 30 Days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)		Tier 1	
<b>Chemicals-Pharmaceutical Adjuvants</b>			
<b>Pharmaceutical Adjuvant - Inhalation Vehicles</b>			
sodium chloride inhalation solution for nebulization 0.9 %		Tier 1	
sodium chloride inhalation solution for nebulization 7 %	Pulmosal	Tier 1	QL (240 Units per 30 Days)
<b>Cognitive Disorder Therapy</b>			
<b>Alzheimer's Disease Therapy - Cholinesterase Inhibitors</b>			
donepezil oral tablet 10 mg, 5 mg	Aricept	Tier 1	QL (30 Units per 30 Days)
donepezil oral tablet 23 mg	Aricept	Tier 1	ST; QL (30 Units per 30 Days)
donepezil oral tablet,disintegrating 10 mg, 5 mg		Tier 1	QL (30 Units per 30 Days)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
galantamine oral capsule,ext rel. pellets 24 hr 16 mg	Razadyne ER	Tier 1	ST; QL (30 Units per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 24 mg, 8 mg	Razadyne ER	Tier 1	ST; QL (30 Units per 30 Days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		Tier 1	ST; QL (60 Units per 30 Days)
<b>Alzheimer's Disease Therapy - Nmda Receptor Antagonists</b>			
memantine oral tablet 10 mg, 5 mg	Namenda	Tier 1	QL (60 Units per 30 Days)
memantine oral tablets,dose pack 5-10 mg	Namenda Titration Pak	Tier 1	QL (49 Units per 30 Days and 1 Fill per Year)
<b>Contraceptives</b>			
<b>Contraceptive Injectable - Progestin</b>			
medroxyprogesterone intramuscular suspension 150 mg/ml	Depo-Provera	Tier 1	QL (1 Fill per 90 Days)
medroxyprogesterone intramuscular syringe 150 mg/ml	Depo-Provera	Tier 1	QL (1 Fill per 90 Days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		Tier 1	
<b>Contraceptive Oral - Biphasic</b>			
desogestrel-e.estradiol oral tablet 0.15- 0.02 mgx21 /0.01 mg x 5	Azurette (28)	Tier 1	
<b>Contraceptive Oral - Monophasic</b>			
desogestrel-e.estradiol oral tablet 0.15- 0.03 mg		Tier 1	
drospirenone-e.estradiol oral tablet 3- 0.02 mg	Jasmiel (28)	Tier 1	
drospirenone-e.estradiol oral tablet 3- 0.03 mg	Ocella	Tier 1	
ethynodiol d-e.estradiol oral tablet 0.5- 50 mg-mcg, 1-35 mg-mcg		Tier 1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	Kelnor 1-50 (28)	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
levonorgestrel-e.estradiol oral tablet 0.1-20 mg-mcg	Aubra	Tier 1	
levonorgestrel-e.estradiol oral tablet 0.15-0.03 mg	Altavera (28)	Tier 1	
levonorgestrel-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Jolessa	Tier 1	QL (Dispense up to 90 Day Supply)
norethindrone ac-e.estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg		Tier 1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	Junel 1/20 (21)	Tier 1	
norethindrone-e.estradiol oral tablet 0.4-35 mg-mcg, 0.5-35 mg-mcg, 1-35 mg-mcg, 1-35 mg-mcg (21)		Tier 1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)		Tier 1	
norgestimate-e.estradiol oral tablet 0.25-35 mg-mcg		Tier 1	
norgestrel-e.estradiol oral tablet 0.3-30 mg-mcg		Tier 1	
<b>Contraceptive Oral - Progestin</b>			
norethindrone oral tablet 0.35 mg	Camila	Tier 1	
<b>Contraceptive Oral - Triphasic</b>			
desogestrel-e.estradiol oral tablet 0.1/.125/.15-25 mg-mcg		Tier 1	
levonorgestrel-e.estradiol oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Enpresse	Tier 1	
norethindrone-e.estradiol oral tablet 0.5/0.75/1 mg- 35 mcg, 0.5/1/0.5-35 mg-mcg		Tier 1	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)		Tier 1	
norgestimate-e.estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg		Tier 1	
norgestimate-e.estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	Tri-Estarylla	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Contraceptive Transdermal Combinations - Estrogen And Progestin Comb.</b>			
norelgestromin-e.estradiol transdermal patch weekly 150-35 mcg/24 hr		Tier 1	
<b>Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb.</b>			
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	EluRyng	Tier 1	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR		Tier 1	
<b>Emergency Contraceptives</b>			
levonorgestrel oral tablet 1.5 mg		Tier 1	QL (1 Unit per 30 Days)
levonorgestrel oral tablet 1.5 mg	EContra EZ	Tier 1	
ULIPRISTAL ACETATE ORAL TABLET 30 MG		Tier 1	QL (1 Unit per 30 Days)
<b>Emergency Contraceptives - Progesterone Agonist/Antagonist Type</b>			
ULIPRISTAL ACETATE ORAL TABLET 30 MG		Tier 1	QL (1 Unit per 30 Days)
<b>Emergency Contraceptives - Progestin Type</b>			
levonorgestrel oral tablet 1.5 mg		Tier 1	QL (1 Unit per 30 Days)
levonorgestrel oral tablet 1.5 mg	EContra EZ	Tier 1	
<b>Spermicides</b>			
nonoxynol 9 vaginal foam 12.5 %		Tier 1	
<b>Dermatological</b>			
<b>Acne Therapy Topical - Anti-Infective</b>			
clindamycin phosphate topical gel 1 %		Tier 1	
clindamycin phosphate topical lotion 1 %	Cleocin T	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
clindamycin phosphate topical solution 1 %	Cleocin T	Tier 1	
erythromycin topical solution 2 %		Tier 1	
sulfacetamide sodium (acne) topical suspension 10 %	Klaron	Tier 1	
<b>Acne Therapy Topical - Keratolytic</b>			
benzoyl peroxide topical cleanser 2.5 %		Tier 1	
benzoyl peroxide topical cleanser 5 %	Advanced Exfoliating Cleanser	Tier 1	
benzoyl peroxide topical gel 10 %, 2.5 %, 5 %	Acne Medication	Tier 1	
benzoyl peroxide topical lotion 10 %, 5 %		Tier 1	
<b>Acne Therapy Topical - Retinoids And Derivatives</b>			
adapalene topical gel 0.1 %	Differin	Tier 1	ST; QL (45 Units per 30 Days); AL (Max 18 Years)
tretinoin topical cream 0.025 %		Tier 1	QL (45 Units per 30 Days); AL (Max 18 Years)
tretinoin topical cream 0.05 %, 0.1 %	Retin-A	Tier 1	QL (45 Units per 30 Days); AL (Max 18 Years)
tretinoin topical cream 0.075 %		Tier 1	QL (35 Units per 30 Days); AL (Max 18 Years)
tretinoin topical gel 0.01 %	Retin-A	Tier 1	QL (45 Units per 30 Days); AL (Max 18 Years)
tretinoin topical gel 0.025 %		Tier 1	QL (45 Units per 30 Days); AL (Max 18 Years)
tretinoin topical gel 0.05 %	Atralin	Tier 1	QL (45 Units per 30 Days); AL (Max 18 Years)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antipsoriatic Agents-Interleukin-17 (Il-17) Antagonist, Mc Antibody</b>			
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Dermatological - Antibacterial Aminoglycosides</b>			
gentamicin topical cream 0.1 %		Tier 1	
gentamicin topical ointment 0.1 %		Tier 1	
<b>Dermatological - Antibacterial Mixtures</b>			
bacitracin-polymyxin b topical ointment 500-10,000 unit/gram		Tier 1	
neomycin/baci/polymixin topical ointment 3.5mg-400 unit- 5,000 unit/gram		Tier 1	
neomycin/baci/polymixin topical ointment in packet 3.5-400-5,000 mg-unit-unit		Tier 1	
<b>Dermatological - Antibacterial Other</b>			
mupirocin topical cream 2 %		Tier 1	
mupirocin topical ointment 2 %	Centany	Tier 1	
<b>Dermatological - Antibacterial Polymyxins And Derivatives</b>			
bacitracin topical ointment 500 unit/gram		Tier 1	
<b>Dermatological - Antibacterial-Glucocorticoid Combinations</b>			
cortisporin topical cream 3.5-10,000-0.5 mg/g-unit/g-%		Tier 1	
cortisporin topical ointment 1 %		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Dermatological - Antibacterial-Local Anesthetic Combinations</b>			
neomycin/bacitracin/polymyxin B/pramoxine topical ointment 3.5-500-10,000 mg-unit-unit/g		Tier 1	
<b>Dermatological - Antifungal Allylamines</b>			
terbinafine hcl topical aerosol,spray 1 %		Tier 1	
terbinafine hcl topical cream 1 %	Antifungal (terbinafine)	Tier 1	
<b>Dermatological - Antifungal Amphoteric Polyene Macrolides</b>			
nystatin topical cream 100,000 unit/gram		Tier 1	
nystatin topical ointment 100,000 unit/gram		Tier 1	
nystatin topical powder 100,000 unit/gram		Tier 1	
<b>Dermatological - Antifungal Hydroxypyridinone</b>			
ciclopirox topical cream 0.77 %	Ciclodan	Tier 1	
ciclopirox topical gel 0.77 %		Tier 1	
ciclopirox topical shampoo 1 %	Loprox	Tier 1	
ciclopirox topical solution 8 %	Ciclodan	Tier 1	QL (6.6ml per 30 days)
<b>Dermatological - Antifungal Imidazole And Related Agents</b>			
bazoclear antifungal topical cream 2 %		Tier 1	
clotrimazole topical cream 1 %	Antifungal (clotrimazole)	Tier 1	
clotrimazole topical solution 1 %		Tier 1	
critic-aid clear af(miconazole) topical ointment 2 %		Tier 1	
econazole topical cream 1 %		Tier 1	
ketoconazole topical cream 2 %		Tier 1	
ketoconazole topical shampoo 2 %		Tier 1	
miconazole nitrate topical aerosol powder 2 %		Tier 1	
miconazole nitrate topical cream 2 %		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
miconazole nitrate topical ointment 2 %		Tier 1	
miconazole nitrate topical powder 2 %		Tier 1	
<b>Dermatological - Antifungal Thiocarbamate</b>			
tolnaftate topical cream 1 %	Antifungal (tolnaftate)	Tier 1	
<b>Dermatological - Antifungal-Glucocorticoid Combinations</b>			
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 1	
<b>Dermatological - Antineoplastic Antimetabolites</b>			
fluorouracil topical cream 5 %	Efudex	Tier 1	
fluorouracil topical solution 2 %, 5 %		Tier 1	
<b>Dermatological - Antipsoriatic Agents Topical</b>			
calcipotriene scalp solution 0.005 %		Tier 1	
calcipotriene topical cream 0.005 %	Dovonex	Tier 1	
calcipotriene topical ointment 0.005 %		Tier 1	
tazarotene topical cream 0.1 %	Tazorac	Tier 1	C1 (CODE 1: Diagnosis of Psoriasis)
DRITHOCREME HP TOPICAL CREAM 1 %		Tier 1	
TAZORAC TOPICAL CREAM 0.05 %		Tier 1	C1 (CODE 1: Diagnosis of Psoriasis)
TAZORAC TOPICAL GEL 0.05 %, 0.1 %		Tier 1	C1 (CODE 1: Diagnosis of Psoriasis)
<b>Dermatological - Antiseborrheic</b>			
selenium sulfide topical lotion 2.5 %		Tier 1	
sulfacetamide sodium topical shampoo 10 %	Ovace Plus Shampoo	Tier 1	

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Dermatological - Antiviral, Herpes</b>			
acyclovir topical cream 5 %	Zovirax	Tier 1	
acyclovir topical ointment 5 %	Zovirax	Tier 1	
<b>Dermatological - Burn Products</b>			
<b>Anti-Infective</b>			
silver sulfadiazine topical cream 1 %	SSD	Tier 1	
<b>Dermatological - Calcineurin Inhibitors</b>			
pimecrolimus topical cream 1 %	Elidel	Tier 1	ST; QL (60 Units per 30 Days)
tacrolimus topical ointment 0.03 %, 0.1 %	Protopic	Tier 1	ST; QL (60 Units per 30 Days)
<b>Dermatological - Emollient Combinations</b>			
cerave topical cream		Tier 1	QL (453 Units per 30 Days)
cerave topical lotion		Tier 1	QL (355 Units per 30 Days)
<b>Dermatological - Emollient Mixtures</b>			
vitamin a and d topical ointment	A and D (lan, pet)	Tier 1	
vitamin a and d topical ointment in packet		Tier 1	
<b>Dermatological - Glucocorticoid</b>			
alclometasone topical cream 0.05 %		Tier 1	
alclometasone topical ointment 0.05 %		Tier 1	
betamethasone dipropionate topical cream 0.05 %		Tier 1	
betamethasone dipropionate topical lotion 0.05 %		Tier 1	
betamethasone dipropionate topical ointment 0.05 %		Tier 1	
betamethasone valerate topical cream 0.1 %		Tier 1	
betamethasone valerate topical foam 0.12 %	Luxiq	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
betamethasone valerate topical lotion 0.1 %		Tier 1	
betamethasone valerate topical ointment 0.1 %		Tier 1	
betamethasone, augmented topical cream 0.05 %		Tier 1	
betamethasone, augmented topical gel 0.05 %		Tier 1	
clobetasol scalp solution 0.05 %		Tier 1	
clobetasol topical cream 0.05 %	Temovate	Tier 1	
clobetasol topical foam 0.05 %	Olux	Tier 1	
clobetasol topical gel 0.05 %		Tier 1	
clobetasol topical lotion 0.05 %	Clobex	Tier 1	
clobetasol topical ointment 0.05 %	Temovate	Tier 1	
clobetasol topical shampoo 0.05 %	Clobex	Tier 1	
clobetasol-emollient topical foam 0.05 %	Olux-E	Tier 1	
desonide topical cream 0.05 %	DesOwen	Tier 1	
desonide topical lotion 0.05 %	DesOwen	Tier 1	
desonide topical ointment 0.05 %		Tier 1	
desoximetasone topical cream 0.05 %, 0.25 %	Topicort	Tier 1	
desoximetasone topical gel 0.05 %	Topicort	Tier 1	
desoximetasone topical ointment 0.25 %	Topicort	Tier 1	
fluocinolone scalp oil 0.01 %	Derma-Smoothe/FS Scalp Oil	Tier 1	
fluocinolone topical cream 0.01 %		Tier 1	
fluocinolone topical cream 0.025 %	Synalar	Tier 1	
fluocinolone topical oil 0.01 %	Derma-Smoothe/FS Body Oil	Tier 1	
fluocinolone topical ointment 0.025 %	Synalar	Tier 1	
fluocinolone topical solution 0.01 %	Synalar	Tier 1	
fluocinonide topical cream 0.05 %		Tier 1	
fluocinonide topical gel 0.05 %		Tier 1	
fluocinonide topical ointment 0.05 %		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
fluocinonide topical solution 0.05 %		Tier 1	
fluticasone topical cream 0.05 %	Cutivate	Tier 1	
fluticasone topical ointment 0.005 %		Tier 1	
hydrocortisone topical cream 0.5 %, 2.5 %		Tier 1	
hydrocortisone topical cream 1 %	Ala-Cort	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %		Tier 1	
hydrocortisone topical lotion 1 %, 2.5 %		Tier 1	
hydrocortisone topical ointment 0.5 %, 2.5 %		Tier 1	
hydrocortisone topical ointment 1 %	Anti-Itch (HC)	Tier 1	
hydrocortisone-pramoxine topical cream 2.5-1 %	Pramosone	Tier 1	
mometasone topical cream 0.1 %		Tier 1	
mometasone topical ointment 0.1 %		Tier 1	
mometasone topical solution 0.1 %		Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %		Tier 1	
triamcinolone acetonide topical cream 0.5 %	Triderm	Tier 1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		Tier 1	
HYDROCORTISONE TOPICAL LOTION 0.5 %		Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		Tier 1	
<b>Dermatological - Glucocorticoid-Local Anesthetic Combinations</b>			
hydrocortisone-pramoxine topical cream 2.5-1 %	Pramosone	Tier 1	
HYDROCORTISONE-PRAMOXINE TOPICAL CREAM 1-1 %		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
HYDROCORTISONE-PRAMOXINE TOPICAL LOTION 1-1 %, 2.5-1 %		Tier 1	
<b>Dermatological - Immunomodulator - Imidazoquinolinamines</b>			
imiquimod topical cream in packet 5 %	Aldara	Tier 1	QL (#12 packets per 30 days)
<b>Dermatological - Keratolytic-Antimitotic Single Agents</b>			
podofilox topical solution 0.5 %		Tier 1	
salicylic acid topical liquid 17 %, 17.6 %		Tier 1	
<b>Dermatological - Keratoplastic Tar Products</b>			
coal tar topical lotion 5 %		Tier 1	
coal tar topical ointment 2 %		Tier 1	
coal tar topical shampoo 0.5 %, 1 %, 2 %		Tier 1	
BETATAR GEL TOPICAL SHAMPOO 2.5 %		Tier 1	
CUTAR TOPICAL EMULSION 7.5 %		Tier 1	
<b>Dermatological - Local Anesthetic Combinations</b>			
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 1	C1 (CODE 1: RESTRICTED TO AGE < 21 AND ONLY IF USED AS TOPICAL ANESTHETIC FOR INJECTION SITE); QL (30 Units per 30 Days)
lidocaine-prilocaine topical kit 2.5-2.5 %	AgonEaze	Tier 1	C1 (CODE 1: RESTRICTED TO AGE < 21 AND ONLY IF USED AS TOPICAL ANESTHETIC FOR INJECTION SITE); QL (30 Units per 30 Days)
<b>Dermatological - Nsaid Single Agents</b>			
diclofenac sodium topical gel 1 %	Arthritis Pain (diclofenac)	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Dermatological - Protectant Combinations</b>			
calamine-zinc oxide topical lotion		Tier 1	
<b>Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic</b>			
tazarotene topical cream 0.1 %	Tazorac	Tier 1	C1 (CODE 1: Diagnosis of Psoriasis)
<b>Dermatological - Rosacea Therapy, Topical</b>			
metronidazole topical cream 0.75 %	Rosadan	Tier 1	
metronidazole topical gel 0.75 %	Rosadan	Tier 1	
metronidazole topical gel 1 %	Metrogel	Tier 1	
metronidazole topical gel with pump 1 %		Tier 1	
<b>Dermatological - Topical Local Anesthetic Amides</b>			
lidocaine hcl mucous membrane jelly 2 %		Tier 1	QL (30 Units per 30 Days)
lidocaine topical adhesive patch,medicated 5 %	Lidoderm	Tier 1	QL (30 Units per 30 Days)
lidocaine topical cream 4 %	Anecream	Tier 1	QL (30 Units per 30 days)
lidocaine topical cream 5 %	AneCream5	Tier 1	QL (30 Units per 30 Days)
<b>Scabicide And Pediculicide Combinations</b>			
piperonyl butoxide (lice shampoo) topical shampoo 0.33-4 %		Tier 1	
<b>Scabicide And Pediculicide Single Agents</b>			
malathion topical lotion 0.5 %	Ovide	Tier 1	ST; QL (60 Units per Fill)
permethrin topical cream 5 %	Elimite	Tier 1	QL (60 Units per Fill )
permethrin topical liquid 1 %		Tier 1	
EURAX TOPICAL CREAM 10 %		Tier 1	ST; QL (60 Units per Fill)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Wound Care - Cleansers</b>			
saline wound wash topical aerosol,spray 0.9 %		Tier 1	
<b>Diagnostic Agents</b>			
<b>Diagnostic - Blood Test Others</b>			
PRECISION XTRA B-KETONE STRIP		Tier 1	QL (100 Units per 30 Days)
<b>Diagnostic - Multiple Urine Tests</b>			
ketone urine test strip		Tier 1	
<b>Diagnostic Drugs - Gastrointestinal Radiological Adjunct</b>			
glucagon hcl injection recon soln 1 mg/ml		Tier 1	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML		Tier 1	
<b>Eating Disorder Therapy</b>			
<b>Appetite Stimulants - Progestin Hormone Type</b>			
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		Tier 1	
<b>Electrolyte Balance-Nutritional Products</b>			
<b>Amino Acid - Carnitine Derivatives</b>			
levocarnitine oral tablet 330 mg	Carnitor	Tier 1	
<b>B-Complex Vitamin Combinations</b>			
b-complex with vitamin c oral capsule	Super B/C	Tier 1	
folbee plus oral tablet 5 mg		Tier 1	
multivitamin oral tablet 0.8-2,000 mg-unit, 100-1 mg		Tier 1	
nephro-vite oral tablet 0.8 mg		Tier 1	
vitamin b complex with c oral capsule		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>B-Complex Vitamins And Combinations</b>			
multivitamin oral tablet 1-100-300-50 mg-mg-mcg-mg		Tier 1	
nephplex rx oral tablet 1-60-300-12.5 mg-mg-mcg-mg		Tier 1	
nephro-vite rx oral tablet 1-60-300 mg-mg-mcg		Tier 1	
<b>Dextrose Solutions</b>			
dextrose 5 % in water (d5w) intravenous parenteral solution		Tier 1	
<b>Diluents - Sodium Chloride</b>			
sodium chloride injection solution		Tier 1	
<b>Diluents - Sterile Water For Injection</b>			
STERILE WATER FOR INJECTION INJECTION SOLUTION		Tier 1	
<b>Electrolyte Depleters - Ion Exchange Resin</b>			
sodium polystyrene sulfonate oral suspension 15 gram/60 ml, 15-19.3 gram/60 ml, 15-20 gram/60 ml		Tier 1	
<b>Geriatric Vitamins</b>			
multivitamin oral tablet		Tier 1	
<b>Irrigation Solutions</b>			
sodium chloride irrigation solution 0.9 %	Aqua Care Sodium Chloride	Tier 1	
water for irrigation, sterile irrigation solution	Curity Sterile Water	Tier 1	
<b>Minerals And Electrolytes - Calcium Replacement</b>			
calcium carbonate oral tablet 500 mg calcium (1,250 mg)	Calcium 500	Tier 1	
calcium carbonate oral tablet 600 mg calcium (1,500 mg)	Calcium 600	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
calcium carbonate oral tablet, chewable 300 mg (750 mg)	Antacid Ext Str (calcium carb)	Tier 1	
calcium gluconate oral tablet 45 mg (500 mg), 60 mg calcium (650 mg), 61 mg (648 mg)		Tier 1	
calcium lactate oral tablet 650 mg, 84 mg (648 mg)		Tier 1	
natural calcium oral tablet 500 mg calcium (1,250 mg)		Tier 1	
oyster shell calcium oral tablet 500 mg calcium (1,250 mg)		Tier 1	
super calcium oral tablet 600 mg calcium (1,500 mg)		Tier 1	
<b>Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations</b>			
calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -400 unit		Tier 1	QL (120 Units per 30 Days)
calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -200 unit	Calcium 500 + D	Tier 1	
calcium carbonate-vitamin d3 oral tablet 500mg (1,250mg) -600 unit	Os-Cal 500 + D3	Tier 1	QL (120 Units per 30 Days)
calcium carbonate-vitamin d3 oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit	Calcium 600 + D(3)	Tier 1	
calcium carbonate-vitamin d3 oral tablet 600 mg(1,500mg) -800 unit	Caltrate with Vitamin D3	Tier 1	
calcium citrate-vitamin d3 oral tablet 250 mg-5 mcg (200 unit)	Citracal Regular	Tier 1	
calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit)	Calcium Citrate + D	Tier 1	
calcium citrate-vitamin d3 oral tablet 315 mg-6.25 mcg (250 unit)		Tier 1	
oyster shell calcium-vit d3 oral tablet 500 mg(1,250mg) -200 unit		Tier 1	
oyster shell calcium-vit d3 oral tablet 500 mg(1,250mg) -400 unit		Tier 1	QL (120 Units per 30 Days)

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Minerals And Electrolytes - Iodine</b>			
sski oral solution 1 gram/ml		Tier 1	
<b>Minerals And Electrolytes - Iron</b>			
ferrous gluconate oral tablet 240 mg (27 mg iron), 256 mg (28 mg iron), 324 mg (36 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)		Tier 1	
ferrous gluconate oral tablet extended release 142 mg (45 mg iron), 143 mg (45 mg iron)		Tier 1	
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	Children's Iron	Tier 1	
ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml		Tier 1	
ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml		Tier 1	
ferrous sulfate oral tablet 325 mg (65 mg iron)	Feosol	Tier 1	
ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)		Tier 1	
<b>Minerals And Electrolytes - Iron Combinations</b>			
multivitamin oral tablet		Tier 1	
<b>Minerals And Electrolytes - Magnesium</b>			
magnesium oxide oral capsule 500 mg		Tier 1	
magnesium oxide oral tablet 250 mg, 250 mg magnesium, 400 mg (241.3 mg magnesium), 420 mg, 500 mg		Tier 1	
<b>Minerals And Electrolytes - Oral Electrolytes</b>			
electrolytes-dextrose oral solution	Oralyte	Tier 1	
<b>Minerals And Electrolytes - Potassium For Injection</b>			
potassium chloride intravenous solution 2 meq/ml		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Minerals And Electrolytes - Potassium, Oral</b>			
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 1	
potassium chloride oral packet 20 meq	Klor-Con	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	K-Tab	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq		Tier 1	
<b>Multivitamin And Mineral Combinations</b>			
multivitamin oral tablet , 18 mg iron-400 mcg-500 mg ca, 27 mg iron-400 mcg, 27-0.4 mg, 4.5 mg iron, 9 mg iron-400 mcg		Tier 1	
multivitamin with iron oral tablet	Daily Multiple Vitamins/Iron	Tier 1	
pediatric multivitamin with iron oral liquid 10 mg iron/5 ml		Tier 1	
prenatal vitamin oral tablet 27 mg iron-1 mg		Tier 1	C1 (CODE 1: Pregnancy or 90 Days Postpartum)
tab-a-vite multivitamin w-iron oral tablet 15 mg iron- 400 mcg		Tier 1	
thera m plus oral tablet 9 mg iron-400 mcg		Tier 1	
thera-m oral tablet 27-0.4 mg, 9 mg iron-400 mcg		Tier 1	
AQUADEKS ORAL TABLET,CHEWABLE 100-350-5 MCG-MCG-MG		Tier 1	C1 (CODE 1: Diagnosis of Cystic Fibrosis); QL (60 Units per 30 Days)
<b>Multivitamins</b>			
multivitamin oral capsule		Tier 1	
multivitamin oral tablet , 18-400 mg-mcg		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
multivitamin oral tablet,chewable		Tier 1	
<b>Pediatric Vitamins</b>			
multivitamin oral tablet,chewable		Tier 1	
pediatric multivitamin oral tablet,chewable , 4.5 mg		Tier 1	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML		Tier 1	
<b>Pediatric Vitamins And Mineral Combinations</b>			
pediatric multivitamin oral tablet,chewable , 12 mg iron		Tier 1	
pediatric multivitamin with iron oral tablet,chewable , 10 mg iron, 18 mg iron		Tier 1	
AQUADEKS PEDIATRIC ORAL DROPS 400 MCG/ML		Tier 1	C1 (CODE 1: Diagnosis of Cystic Fibrosis); QL (120 Units per 30 Days)
<b>Pediatric Vitamins With Fluoride And Minerals Combinations</b>			
pediatric multivitamin with fluoride/iron oral drops 0.25mg fluoride -10 mg iron/ml		Tier 1	
<b>Pediatric Vitamins With Fluoride Combinations</b>			
pediatric multivitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml		Tier 1	
pediatric multivitamin with fluoride oral tablet,chewable 0.5 mg, 1 mg		Tier 1	
pediatric multivitamin with fluoride/iron oral drops 0.25mg fluoride -10 mg iron/ml		Tier 1	
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml		Tier 1	
tri-vitamin with fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml		Tier 1	AL (Max 5 Years)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Prenatal Vitamins And Minerals</b>			
prenatal multivitamins oral tablet 28 mg iron- 800 mcg		Tier 1	
prenatal vitamin oral capsule 13.5-0.4 mg, 65 mg iron- 1 mg		Tier 1	
prenatal vitamin oral tablet , 27 mg iron- 0.8 mg, 27 mg iron- 1 mg, 27 mg iron- 800 mcg, 28 mg iron- 1 mg, 28 mg iron- 800 mcg, 29 mg iron- 1 mg, 29-1 mg, 60 mg iron-1 mg, 65 mg iron- 1 mg, 90-1-50 mg		Tier 1	
<b>Sodium Chloride, Parenteral</b>			
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 1	
sodium chloride intravenous parenteral solution		Tier 1	
sodium chloride intravenous piggyback		Tier 1	
<b>Vitamins - B-1, Thiamine And Derivatives</b>			
thiamine hcl (vitamin b1) oral tablet 100 mg	Vitamin B-1	Tier 1	
<b>Vitamins - B-12, Cyanocobalamin And Derivatives</b>			
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml		Tier 1	
VITAMIN B-12 ORAL TABLET 1,000 MCG		Tier 1	
<b>Vitamins - B-3, Niacin And Derivatives</b>			
niacin oral capsule, extended release 125 mg, 250 mg, 500 mg		Tier 1	
niacin oral tablet 100 mg, 250 mg		Tier 1	
niacin oral tablet 500 mg	Niacor	Tier 1	
niacin oral tablet extended release 500 mg	Endur-Acin	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Vitamins - B-6, Pyridoxine And Derivatives</b>			
pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg		Tier 1	
<b>Vitamins - D Derivatives</b>			
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Rocaltrol	Tier 1	
calcitriol oral solution 1 mcg/ml	Rocaltrol	Tier 1	
cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)		Tier 1	
cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit)	Dialyvite Vitamin D	Tier 1	
cholecalciferol (vitamin d3) oral capsule 50 mcg (2,000 unit)	D3-2000	Tier 1	
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)	D-Vi-Sol	Tier 1	AL (Max 3 Years)
cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 25 mcg (1,000 unit)		Tier 1	
cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)	Thera-D	Tier 1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Vitamin D2	Tier 1	
ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit), 50 mcg (2,000 unit)		Tier 1	
CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 50 MCG (2,000 UNIT)		Tier 1	
CHOLECALCIFEROL (VITAMIN D3) ORAL TABLET 50 MCG (2,000 UNIT)		Tier 1	
D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT)		Tier 1	
DIALYVITE VITAMIN D ORAL CAPSULE 125 MCG (5,000 UNIT)		Tier 1	
THERA-D ORAL TABLET 50 MCG (2,000 UNIT)		Tier 1	
<b>Vitamins - E</b>			
vitamin e oral capsule 400 unit		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Vitamins - Folic Acid And Derivatives</b>			
folic acid oral tablet 1 mg		Tier 1	
<b>Vitamins - K, Phytonadione And Derivatives</b>			
phytonadione (vitamin k1) oral tablet 5 mg	Mephyton	Tier 1	
<b>Endocrine</b>			
<b>Agents To Treat Hypoglycemia (Hyperglycemics)</b>			
glucose oral tablet,chewable , 4 gram		Tier 1	
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		Tier 1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG		Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG		Tier 1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		Tier 1	
<b>Androgen - Single Agents</b>			
testosterone cypionate intramuscular oil 200 mg/ml	Depo-Testosterone	Tier 1	QL (4ml per 28 days)
testosterone transdermal gel 50 mg/5 gram (1 %)	Testim	Tier 1	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	Vogelxo	Tier 1	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	AndroGel	Tier 1	
<b>Antidiuretic And Vasopressor Hormones</b>			
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	DDAVP	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antihyperglycemic - Alpha-Glucosidase Inhibitors</b>			
acarbose oral tablet 100 mg, 25 mg, 50 mg	Precose	Tier 1	
miglitol oral tablet 25 mg, 50 mg		Tier 1	
<b>Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors</b>			
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	Nesina	Tier 1	QL (30 Units per 30 Days )
<b>Antihyperglycemic - Meglitinide Analog And Biguanide Combinations</b>			
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg		Tier 1	
<b>Antihyperglycemic - Meglitinide Analogs</b>			
nateglinide oral tablet 120 mg, 60 mg		Tier 1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
<b>Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations</b>			
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG		Tier 1	QL (60 Units per 30 Days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG		Tier 1	QL (60 Units per 30 Days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG		Tier 1	QL (30 Units per 30 Days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG		Tier 1	QL (60 Units per 30 Days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG		Tier 1	QL (30 Units per 30 Days)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG		Tier 1	QL (60 Units per 30 Days)
<b>Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors</b>			
FARXIGA ORAL TABLET 10 MG, 5 MG		Tier 1	QL (30 Units per 30 Days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		Tier 1	QL (30 Units per 30 Days)
STEGLATRO ORAL TABLET 15 MG, 5 MG		Tier 1	QL (30 Units per 30 Days)
<b>Antihyperglycemic - Sulfonylurea And Biguanide Combinations</b>			
glipizide-metformin oral tablet 5-500 mg		Tier 1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		Tier 1	
<b>Antihyperglycemic - Sulfonylurea Derivatives</b>			
chlorpropamide oral tablet 100 mg, 250 mg		Tier 1	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Amaryl	Tier 1	
glipizide oral tablet 10 mg	Glucotrol	Tier 1	
glipizide oral tablet 5 mg		Tier 1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Glucotrol XL	Tier 1	
glyburide micronized oral tablet 1.5 mg	Glynase	Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		Tier 1	
tolazamide oral tablet 250 mg, 500 mg		Tier 1	
tolbutamide oral tablet 500 mg		Tier 1	
<b>Antihyperglycemic - Thiazolidinedione And Biguanide Combinations</b>			
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Actoplus MET	Tier 1	

Revise : 10/01/2021



<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG, 30-1,000 MG		Tier 1	
<b>Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations</b>			
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	DUETACT	Tier 1	
<b>Antihyperglycemic, Incretin Mimetic, Glp-1 Receptor Agonist Analog-Type</b>			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML		Tier 1	
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML		Tier 1	
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG		Tier 1	
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML		Tier 1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)		Tier 1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG		Tier 1	QL (30 Units per 30 Days)
TANZEUM SUBCUTANEOUS PEN INJECTOR 30 MG/0.5 ML, 50 MG/0.5 ML		Tier 1	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML		Tier 1	
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione</b>			
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	Oseni	Tier 1	QL (30 Units per 30 Days)
<b>Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide</b>			
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	Kazano	Tier 1	QL (60 Units per 30 Days)
<b>Antithyroid Agents, Thionamides - Imidazole Derivatives</b>			
methimazole oral tablet 10 mg, 5 mg	Tapazole	Tier 1	
<b>Antithyroid Agents, Thionamides - Thiouracil Derivatives</b>			
propylthiouracil oral tablet 50 mg		Tier 1	
<b>Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides</b>			
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Bone Resorption Inhibitors - Bisphosphonate And Vitamin D Combinations</b>			
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT		Tier 1	
<b>Bone Resorption Inhibitors - Bisphosphonates</b>			
alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg		Tier 1	
alendronate oral tablet 70 mg	Fosamax	Tier 1	
ibandronate oral tablet 150 mg	Boniva	Tier 1	QL (1 Unit per 30 Days)
zoledronic acid intravenous recon soln 4 mg		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
zoledronic acid intravenous solution 4 mg/5 ml		Tier 1	
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml		Tier 1	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	Reclast	Tier 1	
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml		Tier 1	
<b>Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer</b>			
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	Sensipar	Tier 1	
<b>Calcitonins</b>			
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		Tier 1	
<b>Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations</b>			
DUAVEE ORAL TABLET 0.45-20 MG		Tier 1	
<b>Estrogen-Androgen</b>			
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg		Tier 1	
<b>Estrogen-Progestin</b>			
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg		Tier 1	
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg		Tier 1	
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG		Tier 1	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 1	
PREFEST ORAL TABLET 1 MG (15)/1 MG-0.09 MG (15)		Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 1	
<b>Estrogens</b>			
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Estrace	Tier 1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr		Tier 1	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Climara	Tier 1	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR		Tier 1	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION		Tier 1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		Tier 1	
<b>Fertility Enhancer - Preterm Birth Prevention, Progesterone-Type</b>			
hydroxyprogesterone (pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)	Makena	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	Makena	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Glucocorticoids</b>			
cortisone oral tablet 25 mg		Tier 1	
deltasone oral tablet 20 mg		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
dexamethasone injection solution 10 mg/ml		Tier 1	
dexamethasone oral elixir 0.5 mg/5 ml		Tier 1	
dexamethasone oral solution 0.5 mg/5 ml		Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	Decadron	Tier 1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg		Tier 1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		Tier 1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Cortef	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Medrol	Tier 1	
methylprednisolone oral tablet 2 mg		Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Medrol (Pak)	Tier 1	
millipred oral tablet 5 mg		Tier 1	
prednisolone oral solution 15 mg/5 ml		Tier 1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)		Tier 1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	Pediapred	Tier 1	
prednisone oral concentrate 5 mg/ml		Tier 1	
prednisone oral solution 5 mg/5 ml		Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 1	
A-HYDROCORT INJECTION RECON SOLN 100 MG		Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML		Tier 1	
SOLU-CORTEF INJECTION RECON SOLN 100 MG		Tier 1	
<b>Growth Hormones</b>			
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Human Insulins - Fixed Combinations</b>			
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 1	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 1	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 1	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 1	
<b>Human Insulins - Intermediate Acting</b>			
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 1	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 1	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 1	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 1	
<b>Human Insulins - Short Acting</b>			
HUMULIN R U-100 INJECTION SOLUTION 100 UNIT/ML		Tier 1	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 1	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		Tier 1	
<b>Insulin Analogs - Fixed Combinations</b>			
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	Novolog Mix 70-30FlexPen U-100	Tier 1	
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	Novolog Mix 70-30 U-100 Insuln	Tier 1	
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	Humalog Mix 75-25 KwikPen	Tier 1	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)		Tier 1	
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)		Tier 1	
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)		Tier 1	
<b>Insulin Analogs - Long Acting</b>			
BASAGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 1	
<b>Insulin Analogs - Rapid Acting</b>			
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	Novolog PenFill U-100 Insulin	Tier 1	
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	Novolog Flexpen U-100 Insulin	Tier 1	
insulin aspart u-100 subcutaneous solution 100 unit/ml	Novolog U-100 Insulin aspart	Tier 1	
insulin lispro subcutaneous insulin pen 100 unit/ml	Admelog SoloStar U-100 Insulin	Tier 1	
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	Humalog Junior KwikPen U-100	Tier 1	
insulin lispro subcutaneous solution 100 unit/ml	Admelog U-100 Insulin lispro	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 1	
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 1	
APIDRA SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 1	
APIDRA SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 1	
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 1	
HUMALOG SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		Tier 1	
<b>Insulin Response Enhancers - Biguanides</b>			
metformin oral tablet 1,000 mg, 500 mg, 850 mg		Tier 1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg		Tier 1	
<b>Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)</b>			
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Actos	Tier 1	
<b>Lhrh (Gnrh) Agonist Analog Pit Suppres - Central Precocious Puberty</b>			
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Lhrh (Gnrh) Agonist Analog Pituitary Suppressants</b>			
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators</b>			
OSPHENA ORAL TABLET 60 MG		Tier 1	
<b>Mineralocorticoids</b>			
fludrocortisone oral tablet 0.1 mg		Tier 1	
<b>Oxytocic - Ergot Alkaloids</b>			
methylergonovine oral tablet 0.2 mg	Methergine	Tier 1	
<b>Progestins</b>			
hydroxyprogesterone (pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)	Makena	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	Makena	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Provera	Tier 1	
norethindrone acetate oral tablet 5 mg	Aygestin	Tier 1	QL (1 Unit per Day)
progesterone intramuscular oil 50 mg/ml		Tier 1	
progesterone oral capsule 100 mg, 200 mg	Prometrium	Tier 1	
MAKENA (PF) SUBCUTANEOUS AUTO- INJECTOR 275 MG/1.1 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists</b>			
cabergoline oral tablet 0.5 mg		Tier 1	
<b>Rank Ligand (Rankl) Inhibitor, Mc Antibody</b>			
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Selective Estrogen Receptor Modulators (Serms)</b>			
raloxifene oral tablet 60 mg	Evista	Tier 1	
<b>Thyroid Hormones - Animal Source (Porcine)</b>			
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Armour Thyroid	Tier 1	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG		Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG		Tier 1	
<b>Thyroid Hormones - Synthetic T3 (Triiodothyronine)</b>			
liothyronine intravenous solution 10 mcg/ml	Triostat	Tier 1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Cytomel	Tier 1	
<b>Thyroid Hormones - Synthetic T4 (Thyroxine)</b>			
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Euthyrox	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
levothyroxine oral tablet 300 mcg		Tier 1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg		Tier 1	
synthroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg		Tier 1	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		Tier 1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		Tier 1	
<b>Gastrointestinal Therapy Agents</b>			
<b>Antacid - Aluminum</b>			
aluminum hydroxide gel oral suspension 320 mg/5 ml		Tier 1	
<b>Antacid - Antacid Combinations</b>			
mag carb/al hydrox/alginate ac (antacid) oral suspension 254-237.5 mg/5 ml		Tier 1	
<b>Antacid - Bicarbonate</b>			
sodium bicarbonate oral tablet 325 mg, 650 mg		Tier 1	
<b>Antacid - Calcium</b>			
antacid extra-strength oral tablet, chewable 300 mg (750 mg)		Tier 1	
calcium carbonate (antacid) oral tablet, chewable 200 mg calcium (500 mg), 215 mg calcium (500 mg), 300 mg (750 mg), 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)		Tier 1	
calcium carbonate oral tablet 260 mg calcium (648 mg)		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
calcium carbonate oral tablet,chewable 200 mg calcium (500 mg)	Antacid (calcium carbonate)	Tier 1	
calcium carbonate oral tablet,chewable 300 mg (750 mg)	Antacid Ext Str (calcium carb)	Tier 1	
calcium carbonate oral tablet,chewable 400 mg calcium (1,000 mg)	Antacid Ultra Strength	Tier 1	
<b>Antacid - Magnesium</b>			
magnesium oxide oral tablet 400 mg (241.3 mg magnesium)	MgO	Tier 1	
<b>Antacid - Simethicone Combinations</b>			
antacid extra-strength oral suspension 200-200-20 mg/5 ml		Tier 1	
mag hydrox/al hydrox/simeth (antacid) oral suspension 200-200-20 mg/5 ml, 225-200-25 mg/5 ml, 400-400-40 mg/5 ml		Tier 1	
mag hydrox/al hydrox/simeth (antacid) oral tablet,chewable 200-200-25 mg		Tier 1	
<b>Antidiarrheal - Antiperistaltic Agents</b>			
loperamide oral capsule 2 mg	Anti-Diarrheal (loperamide)	Tier 1	
loperamide oral liquid 1 mg/5 ml		Tier 1	
loperamide oral tablet 2 mg		Tier 1	
<b>Antidiarrheal - Bismuth Agents</b>			
bismuth subsalicylate oral suspension 262 mg/15 ml		Tier 1	
bismuth subsalicylate oral tablet,chewable 262 mg	Bismatrol	Tier 1	
BISMUTH SUBSALICYLATE ORAL TABLET,CHEWABLE 262 MG		Tier 1	
DIGESTIVE RELIEF ORAL TABLET,CHEWABLE 262 MG		Tier 1	
DIOTAME ORAL TABLET,CHEWABLE 262 MG		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
PEP-T-MED ORAL TABLET,CHEWABLE 262 MG		Tier 1	
PEPTO-BISMOL ORAL TABLET,CHEWABLE 262 MG		Tier 1	
PEPTO-BISMOL TO-GO ORAL TABLET,CHEWABLE 262 MG		Tier 1	
SOOTHE (BISMUTH SUBSALICYLATE) ORAL TABLET,CHEWABLE 262 MG		Tier 1	
<b>Antidiarrheal Antiperistaltic-Anticholinergic Combinations</b>			
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Lomotil	Tier 1	
<b>Antiemetic - Antihistamines</b>			
dimenhydrinate oral tablet 50 mg		Tier 1	
dimenhydrinate oral tablet,chewable 50 mg		Tier 1	
meclizine oral tablet 12.5 mg		Tier 1	
meclizine oral tablet 25 mg	Dramamine Less Drowsy	Tier 1	
meclizine oral tablet,chewable 25 mg		Tier 1	
<b>Antiemetic - Dopamine (D2)/5-Ht3 Antagonists</b>			
trimethobenzamide oral capsule 300 mg		Tier 1	
<b>Antiemetic - Phenothiazines</b>			
prochlorperazine maleate oral tablet 10 mg, 5 mg	Compazine	Tier 1	
prochlorperazine rectal suppository 25 mg	Compro	Tier 1	
promethazine oral syrup 6.25 mg/5 ml		Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
promethazine rectal suppository 12.5 mg	Promethegan	Tier 1	
promethazine rectal suppository 25 mg, 50 mg		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Antiemetic - Selective Serotonin 5-Ht3 Antagonists</b>			
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml), 100 mcg/ml		Tier 1	
ondansetron injection solution 4 mg/2 ml		Tier 1	
ondansetron oral solution 4 mg/5 ml		Tier 1	QL (900 Units per 30 Days)
ondansetron oral tablet 24 mg		Tier 1	QL (30 Units per 30 Days)
ondansetron oral tablet 4 mg	Zofran	Tier 1	
ondansetron oral tablet 8 mg		Tier 1	
ondansetron oral tablet, disintegrating 4 mg, 8 mg		Tier 1	
palonosetron intravenous solution 0.25 mg/5 ml	Aloxi	Tier 1	
ANZEMET ORAL TABLET 100 MG, 50 MG		Tier 1	
<b>Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists</b>			
aprepitant oral capsule 125 mg		Tier 1	QL (4 Units per 30 Days)
aprepitant oral capsule 80 mg	Emend	Tier 1	QL (8 Units per 30 Days)
aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)	Emend	Tier 1	QL (4 Units per 30 Days)
fosaprepitant intravenous recon soln 150 mg	Emend (fosaprepitant)	Tier 1	
<b>Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists</b>			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG		Tier 1	C1 (CODE 1: Prescribed by a Gastroenterologist)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
TRULANCE ORAL TABLET 3 MG		Tier 1	C1 (CODE 1: Prescribed by a Gastroenterologist); QL (30 Units per 30 Days)
<b>Colonic Acidifier (Ammonia Inhibitor)</b>			
lactulose oral solution 10 gram/15 ml	Constulose	Tier 1	
lactulose oral solution 10 gram/15 ml (15 ml)		Tier 1	
<b>Digestive Enzyme Mixtures</b>			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT		Tier 1	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200- 24,600 UNIT		Tier 1	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT		Tier 1	
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT		Tier 1	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Gallstone Solubilizing (Litholysis) Agents</b>			
ursodiol oral capsule 300 mg		Tier 1	
<b>Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists</b>			
cimetidine hcl oral solution 300 mg/5 ml		Tier 1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 1	
famotidine (pf) intravenous solution 20 mg/2 ml		Tier 1	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml		Tier 1	
famotidine in 0.9 % nacl intravenous syringe 20 mg/10 ml, 20 mg/5 ml (4 mg/ml)		Tier 1	
famotidine intravenous solution 10 mg/ml		Tier 1	
famotidine intravenous syringe 20 mg/2 ml		Tier 1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)		Tier 1	
famotidine oral tablet 10 mg, 20 mg		Tier 1	
famotidine oral tablet 40 mg	Pepcid	Tier 1	
ranitidine injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)		Tier 1	
ranitidine oral capsule 150 mg, 300 mg		Tier 1	
ranitidine oral syrup 15 mg/ml		Tier 1	
ranitidine oral tablet 150 mg, 300 mg		Tier 1	
<b>Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis)</b>			
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg	Nexium	Tier 1	QL (30 Units per 30 Days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg	Nexium Packet	Tier 1	QL (30 Units per 30 Days); AL (Max 8 Years)

Revise : 10/01/2021



<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
lansoprazole oral capsule, delayed release(dr/ec) 15 mg	Prevacid 24Hr	Tier 1	QL (30 Units per 30 Days)
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	Prevacid	Tier 1	QL (30 Units per 30 Days)
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 40 mg		Tier 1	QL (30 Units per 30 Days)
omeprazole oral capsule, delayed release(dr/ec) 20 mg		Tier 1	
omeprazole oral tablet, disintegrat, delay rel 20 mg		Tier 1	QL (60 Units per 30 Days)
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg	Protonix	Tier 1	
LANSOPRAZOLE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG		Tier 1	QL (30 Units per 30 Days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG		Tier 1	QL (30 Units per 30 Days); AL (Max 8 Years)
<b>Gastric Mucosa - Cytoprotective Prostaglandin Analogs</b>			
misoprostol oral tablet 100 mcg, 200 mcg	Cytotec	Tier 1	ST
<b>Gastrointestinal Antiflatulents</b>			
simethicone oral drops, suspension 40 mg/0.6 ml	Gas Relief (simethicone)	Tier 1	
simethicone oral tablet, chewable 125 mg, 80 mg		Tier 1	
<b>Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists</b>			
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Reglan	Tier 1	
<b>Gi Antispasmodic - Belladonna Alkaloids</b>			
hyoscyamine sulfate oral tablet 0.125 mg	Levsin	Tier 1	ST

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Gi Antispasmodic - Quaternary Ammonium Compounds</b>			
glycopyrrolate oral tablet 1 mg, 2 mg		Tier 1	
propantheline oral tablet 15 mg		Tier 1	
<b>Gi Antispasmodic - Synthetic Tertiary Amines</b>			
dicyclomine oral capsule 10 mg		Tier 1	
dicyclomine oral tablet 20 mg		Tier 1	
<b>Gi Antispasmodic And Benzodiazepine Combinations</b>			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Librax (with clidinium)	Tier 1	
<b>Gi Antispasmodic Combinations Other</b>			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Librax (with clidinium)	Tier 1	
<b>Ibs Agent - Gastrointestinal Chloride Channel Activator Agents</b>			
lubiprostone oral capsule 24 mcg, 8 mcg	Amitiza	Tier 1	C1 (CODE 1: Prescribed by a Gastroenterologist)
<b>Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists</b>			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG		Tier 1	C1 (CODE 1: Prescribed by a Gastroenterologist)
TRULANCE ORAL TABLET 3 MG		Tier 1	C1 (CODE 1: Prescribed by a Gastroenterologist); QL (30 Units per 30 Days)
<b>Inflammatory Bowel Agent - Aminosalicylates And Related Agents</b>			
balsalazide oral capsule 750 mg	Colazal	Tier 1	
mesalamine oral capsule (with del rel tablets) 400 mg	Delzicol	Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
mesalamine oral tablet,delayed release (dr/ec) 800 mg	Asacol HD	Tier 1	
mesalamine rectal enema 4 gram/60 ml	Rowasa	Tier 1	
mesalamine rectal suppository 1,000 mg	Canasa	Tier 1	
sulfasalazine oral tablet 500 mg	Azulfidine	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Azulfidine EN-tabs	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG		Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG		Tier 1	
<b>Inflammatory Bowel Agent - Glucocorticoids</b>			
budesonide oral capsule,delayed,extend.release 3 mg	Entocort EC	Tier 1	
hydrocortisone rectal enema 100 mg/60 ml		Tier 1	
<b>Inflammatory Bowel Agent - Integrin Receptor Antagonist, Mc Antibody</b>			
ENTYVIO INTRAVENOUS RECON SOLN 300 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers</b>			
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
REMICADE INTRAVENOUS RECON SOLN 100 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Irritable Bowel Syndrome (Ibs) Agents</b>			
lubiprostone oral capsule 24 mcg, 8 mcg	Amitiza	Tier 1	C1 (CODE 1: Prescribed by a Gastroenterologist)
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 1	C1 (CODE 1: Prescribed by a Gastroenterologist)
<b>Laxative - Bulk Forming</b>			
psyllium husk oral powder , 3.4 gram/11 gram, 3.4 gram/12 gram, 3.4 gram/7 gram		Tier 1	
psyllium husk oral powder in packet 3.4 gram		Tier 1	
psyllium husk/aspartame oral powder 3.4 gram/5.8 gram, 6 gram/6 gram		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
psyllium husk/aspartame oral powder in packet 6 gram		Tier 1	
<b>Laxative - Saline And Osmotic</b>			
glycerin rectal solution 2.8 gram/2.7 ml		Tier 1	
glycerin rectal suppository		Tier 1	
lactulose oral solution 10 gram/15 ml	Constulose	Tier 1	
lactulose oral solution 20 gram/30 ml		Tier 1	
milk of magnesia oral suspension 400 mg/5 ml		Tier 1	
polyethylene glycol 3350 oral powder 17 gram/dose		Tier 1	
polyethylene glycol 3350 oral powder in packet 17 gram		Tier 1	
POLYETHYLENE GLYCOL 3350 ORAL POWDER IN PACKET 17 GRAM		Tier 1	
<b>Laxative - Saline/Osmotic Mixtures</b>			
polyethylene glycol 3350 oral recon soln 236-22.74-6.74 -5.86 gram	GaviLyte-G	Tier 1	
polyethylene glycol 3350 oral recon soln 240-22.72-6.72 -5.84 gram		Tier 1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM		Tier 1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM		Tier 1	
<b>Laxative - Stimulant</b>			
bisacodyl oral tablet,delayed release (dr/ec) 5 mg		Tier 1	
bisacodyl rectal suppository 10 mg	Dulcolax (bisacodyl)	Tier 1	
sennosides oral syrup 8.8 mg/5 ml		Tier 1	
sennosides oral tablet 8.6 mg		Tier 1	
<b>Laxative - Stimulant And Surfactant Combinations</b>			
sennosides-docusate sodium oral tablet 8.6-50 mg		Tier 1	
<b>Laxative - Surfactant</b>			
dioctyl oral syrup 60 mg/15 ml		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
docu oral liquid 50 mg/5 ml		Tier 1	
docusate calcium oral capsule 240 mg	Stool Softener (docusate cal)	Tier 1	
docusate sodium oral capsule 100 mg, 250 mg		Tier 1	
docusate sodium oral liquid 50 mg/5 ml		Tier 1	
docusate sodium oral syrup 60 mg/15 ml		Tier 1	
dss oral capsule 250 mg		Tier 1	
silace oral liquid 50 mg/5 ml		Tier 1	
silace oral syrup 60 mg/15 ml		Tier 1	
stool softener (docusate cal) oral capsule 240 mg		Tier 1	
stool softener oral capsule 100 mg, 250 mg, 50 mg		Tier 1	
stool softener oral liquid 50 mg/5 ml		Tier 1	
stool softener oral syrup 60 mg/15 ml		Tier 1	
<b>Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives</b>			
sucralfate oral tablet 1 gram	Carafate	Tier 1	
CARAFATE ORAL SUSPENSION 100 MG/ML		Tier 1	
<b>Genitourinary Therapy</b>			
<b>G.U. Irrigants</b>			
acetic acid irrigation solution 0.25 %		Tier 1	
sea-clens wound cleanser irrigation solution		Tier 1	
<b>Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist</b>			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		Tier 1	
<b>Phosphate Binders</b>			
calcium acetate oral capsule 667 mg		Tier 1	
calcium acetate oral tablet 667 mg		Tier 1	
lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg	Fosrenol	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
sevelamer carbonate oral tablet 800 mg	Renvela	Tier 1	
<b>Phosphate Binders - Calcium-Based</b>			
calcium acetate oral capsule 667 mg		Tier 1	
calcium acetate oral tablet 667 mg		Tier 1	
<b>Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists</b>			
alfuzosin oral tablet extended release 24 hr 10 mg	Uroxatral	Tier 1	
tamsulosin oral capsule 0.4 mg	Flomax	Tier 1	
<b>Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors</b>			
finasteride oral tablet 5 mg	Proscar	Tier 1	
<b>Prostatic Hypertrophy Agent-Type I And II 5-Alpha Reductase Inhibitors</b>			
dutasteride oral capsule 0.5 mg	Avodart	Tier 1	
<b>Urinary Alkalinizer - Citrates</b>			
citric acid-sodium citrate oral solution 490-640 mg/5 ml, 500-300 mg/5 ml, 500-334 mg/5 ml		Tier 1	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	Urocit-K 10	Tier 1	QL (120 Units per 30 Days)
potassium citrate oral tablet extended release 15 meq	Urocit-K 15	Tier 1	QL (120 Units per 30 Days)
potassium citrate oral tablet extended release 5 meq (540 mg)	Urocit-K 5	Tier 1	QL (120 Units per 30 Days)
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)		Tier 1	QL (4 Units per Day)
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ		Tier 1	QL (4 Units per Day)
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)		Tier 1	QL (4 Units per Day)
<b>Urinary Analgesics</b>			
phenazopyridine oral tablet 100 mg, 200 mg	Pyridium	Tier 1	

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Urinary Antibacterial - Methenamine And Salts</b>			
methenamine hippurate oral tablet 1 gram	Hiprex	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram		Tier 1	
<b>Urinary Antibacterial - Nitrofurantoin Derivatives</b>			
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Macrochantin	Tier 1	
nitrofurantoin monohydr/m-cryst oral capsule 100 mg	Macrobid	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Furadantin	Tier 1	
<b>Urinary Antispasmodic - Anticholinergic, M(3) Muscarinic Selective (Bladder)</b>			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		Tier 1	
solifenacin oral tablet 10 mg, 5 mg	Vesicare	Tier 1	
<b>Urinary Antispasmodic - Anticholinergics, Non-Selective</b>			
hyoscyamine sulfate oral tablet 0.125 mg	Levsin	Tier 1	ST
<b>Urinary Antispasmodic - Smooth Muscle Relaxants</b>			
oxybutynin chloride oral syrup 5 mg/5 ml		Tier 1	
oxybutynin chloride oral tablet 5 mg		Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	Ditropan XL	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 15 mg		Tier 1	
tolterodine oral capsule, extended release 24hr 2 mg, 4 mg	Detrol LA	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	Detrol	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Urinary Retention Therapy - Parasympathomimetic Agents</b>			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		Tier 1	
<b>Gout And Hyperuricemia Therapy</b>			
<b>Gout Acute Therapy - Antimitotics</b>			
colchicine oral tablet 0.6 mg	Colcrys	Tier 1	QL (6 Units per 30 Days)
<b>Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations</b>			
probenecid-colchicine oral tablet 500-0.5 mg		Tier 1	
<b>Hyperuricemia Therapy - Uricosurics</b>			
probenecid oral tablet 500 mg		Tier 1	
<b>Hyperuricemia Therapy - Xanthine Oxidase Inhibitors</b>			
allopurinol oral tablet 100 mg	Zyloprim	Tier 1	
allopurinol oral tablet 300 mg		Tier 1	
ULORIC ORAL TABLET 40 MG, 80 MG		Tier 1	ST; QL (30 Units per 30 Days)
<b>Hematological Agents</b>			
<b>Anticoagulants - Coumarin</b>			
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Jantoven	Tier 1	
<b>Direct Factor Xa Inhibitors</b>			
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		Tier 1	QL (74 Units per 30 Days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		Tier 1	QL (60 Units per 30 Days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG		Tier 1	QL (30 Units per 30 Days)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)		Tier 1	QL (51 Units per 30 Days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		Tier 1	QL (60 Units per 30 Days)
<b>Erythropoietins</b>			
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML		Tier 1	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML		Tier 1	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML		Tier 1	
<b>Granulocyte Colony-Stimulating Factor (G-Csf)</b>			
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 1	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 1	QL (Max of three (3) 300mcg vials/syringes or two (2) 480mcg vials/syringes per fill and a day supply limit of a maximum 10 days supply in 30 days)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 1	QL (Max of three (3) 300mcg vials/syringes or two (2) 480mcg vials/syringes per fill and a day supply limit of a maximum 10 days supply in 30 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 1	QL (Max of three (3) 300mcg vials/syringes or two (2) 480mcg vials/syringes per fill and a day supply limit of a maximum 10 days supply in 30 days)
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 1	
<b>Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf)</b>			
LEUKINE INJECTION RECON SOLN 250 MCG		Tier 1	
<b>Hematorheologic Agents</b>			
pentoxifylline oral tablet extended release 400 mg		Tier 1	
<b>Hemostatic Systemic - Antifibrinolytic Agents</b>			
tranexamic acid oral tablet 650 mg	Lysteda	Tier 1	QL (30 Units per 30 Days)
<b>Heparin Flush Formulations</b>			
heparin intravenous solution 100 unit/ml (1 ml)		Tier 1	
heparin lock flush (porcine) intravenous solution 100 unit/ml		Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML		Tier 1	
<b>Heparins</b>			
heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		Tier 1	
heparin intravenous solution 100 unit/ml (1 ml)		Tier 1	
heparin lock flush (porcine) intravenous solution 100 unit/ml		Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Low Molecular Weight Heparins</b>			
enoxaparin subcutaneous solution 300 mg/3 ml	Lovenox	Tier 1	QL (7 Units per Fill/10 or less Day Supply/4 Fills in 365 Days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	Lovenox	Tier 1	QL (20 Units per Fill/10 or less Day Supply/4 Fills in 365 Days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	Lovenox	Tier 1	QL (16 Units per Fill/10 or less Day Supply/4 Fills in 365 Days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	Lovenox	Tier 1	QL (6 Units per Fill/10 or less Day Supply/4 Fills per 365 Days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	Lovenox	Tier 1	QL (8 Units per Fill/10 or less Day Supply/4 Fills per 365 Days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	Lovenox	Tier 1	QL (12 Units per Fill/10 or less Day Supply/4 Fills in 365 Days)
<b>Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps)</b>			
BRILINTA ORAL TABLET 60 MG, 90 MG		Tier 1	
<b>Platelet Aggregation Inhibitor Combinations</b>			
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		Tier 1	QL (60 Units per 30 Days)
<b>Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors</b>			
cilostazol oral tablet 100 mg, 50 mg		Tier 1	
<b>Platelet Aggregation Inhibitors - Quinazoline Agents</b>			
anagrelide oral capsule 0.5 mg	Agrylin	Tier 1	
anagrelide oral capsule 1 mg		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Platelet Aggregation Inhibitors - Salicylates</b>			
aspirin oral tablet 325 mg		Tier 1	
aspirin oral tablet, chewable 81 mg		Tier 1	
aspirin oral tablet, delayed release (dr/ec) 325 mg		Tier 1	
aspirin oral tablet, delayed release (dr/ec) 81 mg	Adult Low Dose Aspirin	Tier 1	
<b>Platelet Aggregation Inhibitors - Thienopyridine Agents</b>			
clopidogrel oral tablet 75 mg	Plavix	Tier 1	
prasugrel oral tablet 10 mg, 5 mg	Effient	Tier 1	
<b>Platelet Aggregation Inhibitors - Pdesterase And Adenosine Deaminase Inhibitor</b>			
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 1	
<b>Sickle Cell Anemia Agents, Others</b>			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Tier 1	
<b>Thrombin Inhibitor - Selective Direct And Reversible</b>			
PRADAXA ORAL CAPSULE 150 MG, 75 MG		Tier 1	QL (60 Units per 30 Days)
<b>Immunosuppressive Agents</b>			
<b>Immunosuppressive - Calcineurin Inhibitors</b>			
cyclosporine modified oral capsule 100 mg, 25 mg	Gengraf	Tier 1	C1 (Post-transplant or prescribed by Nephrologist)
cyclosporine modified oral capsule 50 mg		Tier 1	C1 (Post-transplant or prescribed by Nephrologist)
cyclosporine oral capsule 25 mg	Sandimmune	Tier 1	C1 (Post-transplant or prescribed by Nephrologist)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Prograf	Tier 1	C1 (Member must have received a transplant)
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML		Tier 1	C1 (Member must have received a transplant)
<b>Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors</b>			
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	CellCept Intravenous	Tier 1	C1 (Member must have received a transplant)
mycophenolate mofetil oral capsule 250 mg	CellCept	Tier 1	C1 (Member must have received a transplant)
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	CellCept	Tier 1	C1 (Member must have received a transplant)
mycophenolate mofetil oral tablet 500 mg	CellCept	Tier 1	C1 (Member must have received a transplant)
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	Myfortic	Tier 1	C1 (Member must have received a transplant)
<b>Immunosuppressive - Purine Analogs</b>			
azathioprine oral tablet 50 mg	Imuran	Tier 1	
<b>Locomotor System</b>			
<b>Als Agents - Benzothiazoles</b>			
riluzole oral tablet 50 mg	Rilutek	Tier 1	
<b>Antimyasthenic Agent - Reversible Cholinesterase Inhibitors</b>			
pyridostigmine bromide oral tablet 60 mg	Mestinon	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Musculoskeletal Therapy Agent - Viscosupplements</b>			
euflexxa intra-articular syringe 10 mg/ml(mw 2.4 -3.6 million)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
gel-one intra-articular syringe 30 mg/3 ml		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
genvisc 850 intra-articular syringe 10 mg/ml		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
hyalgan intra-articular solution 10 mg/ml		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
hyalgan intra-articular syringe 10 mg/ml		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
supartz fx intra-articular syringe 10 mg/ml		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Neuromuscular Blocker - Neurotoxins</b>			
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
BOTOX INTRAMUSCULAR RECON SOLN 100 UNIT		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Skeletal Muscle Relaxant - Central Muscle Relaxants</b>			
baclofen oral tablet 10 mg, 20 mg		Tier 1	
chlorzoxazone oral tablet 500 mg		Tier 1	QL (90 Units per 30 Days )
cyclobenzaprine oral tablet 10 mg, 5 mg		Tier 1	
methocarbamol oral tablet 500 mg, 750 mg		Tier 1	
orphenadrine citrate injection solution 30 mg/ml		Tier 1	
orphenadrine citrate oral tablet extended release 100 mg		Tier 1	
tizanidine oral tablet 2 mg		Tier 1	
tizanidine oral tablet 4 mg	Zanaflex	Tier 1	
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Skeletal Muscle Relaxant - Direct Muscle Relaxants</b>			
dantrolene oral capsule 100 mg		Tier 1	
dantrolene oral capsule 25 mg, 50 mg	Dantrium	Tier 1	
<b>Medical Supplies And Durable Medical Equipment (Dme)</b>			
<b>Medical Supplies And Dme - Blood Glucose Tests</b>			
FREESTYLE INSULINX TEST STRIPS STRIP		Tier 1	QL (Non-Insulin Dependent Members Max #100 test strips per 30 days Insulin Dependent Members Max #200 test strips per 30 days)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
FREESTYLE LITE STRIPS STRIP		Tier 1	QL (Non-Insulin Dependent Members Max #100 test strips per 30 days Insulin Dependent Members Max #200 test strips per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP		Tier 1	QL (Non-Insulin Dependent Members Max #100 test strips per 30 days Insulin Dependent Members Max #200 test strips per 30 days)
FREESTYLE TEST STRIP		Tier 1	QL (Non-Insulin Dependent Members Max #100 test strips per 30 days Insulin Dependent Members Max #200 test strips per 30 days)
<b>Medical Supplies And Dme - Diaphragms</b>			
condoms vaginal diaphragm 65-80 mm		Tier 1	
diaphragm vaginal diaphragm 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm		Tier 1	
<b>Medical Supplies And Dme - Glucose Monitoring Test Supplies</b>			
freestyle control solution		Tier 1	
freestyle freedom lite kit		Tier 1	QL (1 Meter per 365 Days)
freestyle insulinx		Tier 1	QL (1 Meter per 365 Days)
freestyle lite meter kit		Tier 1	QL (1 Meter per 365 Days)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
freestyle precision neo meter		Tier 1	QL (1 Meter per 365 Days)
glucose control solution combo pack		Tier 1	
precision glucose control soln combo pack		Tier 1	
precision glucose/ketone contr combo pack		Tier 1	
precision xtra monitor		Tier 1	QL (1 Meter per 365 Days)
<b>Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies</b>			
pen needle, diabetic needle 29 gauge, 29 gauge x 1/2", 29 gauge x 3/8", 30 gauge x 1/3", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 1/5", 32 gauge x 1/6", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 5/32"		Tier 1	
<b>Medical Supplies And Dme - Male Condoms</b>			
condoms device		Tier 1	
<b>Medical Supplies And Dme - Miscellaneous Other</b>			
blood pressure kit med and lrg kit	Deluxe Arm Blood Pressure Mon	Tier 1	QL (1 Unit per 5 Years)
blood pressure monitor kit	Blood Pressure Kit	Tier 1	QL (1 Unit per 5 Years)
blood pressure test kit-large kit	Procure Blood Pressure Monitor	Tier 1	QL (1 Unit per 5 Years)
blood pressure test kit-medium kit	Clever Chek Blood Pressure	Tier 1	QL (1 Unit per 5 Years)
blood pressure test kit-small kit		Tier 1	QL (1 Unit per 5 Years)
blood pressure test kit-wrist kit	Blood Pressure Unit-Wrist	Tier 1	QL (1 Unit per 5 Years)
PROCARE BLOOD PRESSURE MONITOR KIT		Tier 1	QL (1 Unit per 5 Years)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
SELF-TAKING BLOOD PRESSURE KIT		Tier 1	QL (1 Unit per 5 Years)
<b>Medical Supplies And Dme - Needles And Syringes</b>			
bd regular bevel needles needle 18 gauge x 1 1/2", 18 gauge x 1", 19 gauge x 1 1/2", 19 gauge x 1", 20 gauge x 1 1/2", 20 gauge x 1", 21 gauge x 1 1/2", 21 gauge x 1", 22 gauge x 1 1/2", 22 gauge x 1", 23 gauge x 3/4", 25 gauge x 1 1/2", 25 gauge x 5/8", 26 gauge x 1/2"		Tier 1	
monoject hypodermic needles needle 14 gauge x 1 1/2", 14 gauge x 1", 14 gauge x 2", 15 gauge x 1 1/2", 16 gauge x 1 1/2", 16 gauge x 1", 16 gauge x 3/4", 16 gauge x 5/8", 18 gauge x 1 1/2", 18 gauge x 1", 19 gauge x 1 1/2", 19 gauge x 1", 20 gauge x 1 1/2", 20 gauge x 1", 21 gauge x 1 1/2", 21 gauge x 1", 21 gauge x 2", 22 gauge x 1 1/2", 22 gauge x 1", 23 gauge x 1", 25 gauge x 1 1/2", 25 gauge x 1 1/4", 25 gauge x 1", 25 gauge x 5/8", 25 x 2", 26 gauge x 1 1/2", 27 gauge x 1 1/2", 27 gauge x 1 1/4", 27 gauge x 1/2", 30 gauge x 3/4"		Tier 1	
<b>Medical Supplies And Dme - Peak Flow Meters</b>			
airzone peak flow meter device		Tier 1	
<b>Medical Supplies And Dme - Respiratory Therapy Supplies</b>			
aerochamber device		Tier 1	
aerochamber plus flow-vu,l msk spacer		Tier 1	
aerochamber plus flow-vu,m msk spacer		Tier 1	
aerochamber plus flow-vu,s msk spacer		Tier 1	
aerochamber spacer		Tier 1	
<b>Medical Supplies And Dme - Urine Glucose-Acetone Combination Tests</b>			
ketone urine test strip		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Medical Supplies And Dme - Urine Ketone Tests</b>			
ketone urine test strip		Tier 1	
<b>Medical Supply, Fdb Superset</b>			
<b>Medical Supply, Fdb Superset</b>			
aerochamber device		Tier 1	
aerochamber plus flow-vu,l msk spacer		Tier 1	
aerochamber plus flow-vu,m msk spacer		Tier 1	
aerochamber plus flow-vu,s msk spacer		Tier 1	
aerochamber spacer		Tier 1	
airzone peak flow meter device		Tier 1	
bd regular bevel needles needle 18 gauge x 1 1/2", 18 gauge x 1", 19 gauge x 1 1/2", 19 gauge x 1", 20 gauge x 1 1/2", 20 gauge x 1", 21 gauge x 1 1/2", 21 gauge x 1", 22 gauge x 1 1/2", 22 gauge x 1", 23 gauge x 3/4", 25 gauge x 1 1/2", 25 gauge x 5/8", 26 gauge x 1/2"		Tier 1	
blood pressure kit med and lrg kit	Deluxe Arm Blood Pressure Mon	Tier 1	QL (1 Unit per 5 Years)
blood pressure monitor kit	Blood Pressure Kit	Tier 1	QL (1 Unit per 5 Years)
blood pressure test kit-large kit	Procure Blood Pressure Monitor	Tier 1	QL (1 Unit per 5 Years)
blood pressure test kit-medium kit	Clever Chek Blood Pressure	Tier 1	QL (1 Unit per 5 Years)
blood pressure test kit-small kit		Tier 1	QL (1 Unit per 5 Years)
blood pressure test kit-wrist kit	Blood Pressure Unit-Wrist	Tier 1	QL (1 Unit per 5 Years)
condoms device		Tier 1	
condoms vaginal diaphragm 65-80 mm		Tier 1	
diaphragm vaginal diaphragm 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm		Tier 1	
freestyle control solution		Tier 1	
freestyle freedom lite kit		Tier 1	QL (1 Meter per 365 Days)

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
freestyle insulinx		Tier 1	QL (1 Meter per 365 Days)
freestyle lite meter kit		Tier 1	QL (1 Meter per 365 Days)
freestyle precision neo meter		Tier 1	QL (1 Meter per 365 Days)
glucose control solution combo pack		Tier 1	
ketone urine test strip		Tier 1	
monoject hypodermic needles needle 14 gauge x 1 1/2", 14 gauge x 1", 14 gauge x 2", 15 gauge x 1 1/2", 16 gauge x 1 1/2", 16 gauge x 1", 16 gauge x 3/4", 16 gauge x 5/8", 18 gauge x 1 1/2", 18 gauge x 1", 19 gauge x 1 1/2", 19 gauge x 1", 20 gauge x 1 1/2", 20 gauge x 1", 21 gauge x 1 1/2", 21 gauge x 1", 21 gauge x 2", 22 gauge x 1 1/2", 22 gauge x 1", 23 gauge x 1", 25 gauge x 1 1/2", 25 gauge x 1 1/4", 25 gauge x 1", 25 gauge x 5/8", 25 x 2", 26 gauge x 1 1/2", 27 gauge x 1 1/2", 27 gauge x 1 1/4", 27 gauge x 1/2", 30 gauge x 3/4"		Tier 1	
pen needle, diabetic needle 29 gauge, 29 gauge x 1/2", 29 gauge x 3/8", 30 gauge x 1/3", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 1/5", 32 gauge x 1/6", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 5/32"		Tier 1	
precision glucose control soln combo pack		Tier 1	
precision glucose/ketone contr combo pack		Tier 1	
precision xtra monitor		Tier 1	QL (1 Meter per 365 Days)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
FREESTYLE INSULINX TEST STRIPS STRIP		Tier 1	QL (Non-Insulin Dependent Members Max #100 test strips per 30 days Insulin Dependent Members Max #200 test strips per 30 days)
FREESTYLE LITE STRIPS STRIP		Tier 1	QL (Non-Insulin Dependent Members Max #100 test strips per 30 days Insulin Dependent Members Max #200 test strips per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP		Tier 1	QL (Non-Insulin Dependent Members Max #100 test strips per 30 days Insulin Dependent Members Max #200 test strips per 30 days)
PRECISION XTRA B-KETONE STRIP		Tier 1	QL (100 Units per 30 Days)
PROCARE BLOOD PRESSURE MONITOR KIT		Tier 1	QL (1 Unit per 5 Years)
SELF-TAKING BLOOD PRESSURE KIT		Tier 1	QL (1 Unit per 5 Years)

### Metabolic Modifiers

#### Hyperparathyroid Treatment Agents - Vitamin D Analog-Type

calcitriol oral capsule 0.25 mcg, 0.5 mcg	Rocaltrol	Tier 1	
calcitriol oral solution 1 mcg/ml	Rocaltrol	Tier 1	
doxercalciferol oral capsule 2.5 mcg		Tier 1	

#### Metabolic Modifier - Carnitine Replenisher Agents

levocarnitine (with sugar) oral solution 100 mg/ml	Carnitor	Tier 1	
--	----------	--------	--

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
levocarnitine oral solution 100 mg/ml	Carnitor (sugar-free)	Tier 1	
levocarnitine oral tablet 330 mg	Carnitor	Tier 1	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML		Tier 1	
<b>Mouth-Throat-Dental - Preparations</b>			
<b>Dental Product - Fluoride Preparations</b>			
denta 5000 plus (fluoride) dental cream 1.1 %		Tier 1	
dentagel (fluoride) dental gel 1.1 %		Tier 1	
sodium fluoride oral drops 0.5 mg (1.1 mg sod.fluorid)/ml		Tier 1	
sodium fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	Ludent Fluoride	Tier 1	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE)		Tier 1	
SODIUM FLUORIDE ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP		Tier 1	
<b>Mouth And Throat - Antifungals</b>			
clotrimazole mucous membrane troche 10 mg		Tier 1	
nystatin oral suspension 100,000 unit/ml		Tier 1	
<b>Mouth And Throat - Antiseptics</b>			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %		Tier 1	
<b>Mouth And Throat - Local Anesthetic Amides</b>			
lidocaine hcl mucous membrane jelly 2 %		Tier 1	QL (30 Units per 30 Days)

Revise : 10/01/2021



<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
lidocaine hcl mucous membrane solution 2 %		Tier 1	QL (100 Units per Fill)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		Tier 1	QL (20 Units per 30 Days)
<b>Multiple Sclerosis Agents</b>			
<b>Multiple Sclerosis Agent - Interferons</b>			
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
BETASERON SUBCUTANEOUS KIT 0.3 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Multiple Sclerosis Agent - Others</b>			
dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	Tecfidera	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	Glatopa	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Multiple Sclerosis Agent - Potassium Channel Blocker</b>			
dalfampridine oral tablet extended release 12 hr 10 mg	Ampyra	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors</b>			
AUBAGIO ORAL TABLET 14 MG, 7 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Ophthalmic Agents</b>			
<b>Artificial Tears And Lubricant Combinations</b>			
artificial tears ophthalmic (eye) drops , 0.1-0.3 %		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
artificial tears ophthalmic (eye) ointment 83-15 %		Tier 1	
tears naturale forte ophthalmic (eye) drops 0.1-0.3-0.2 %		Tier 1	
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 %		Tier 1	
ULTRA FRESH PM OPHTHALMIC (EYE) OINTMENT		Tier 1	
<b>Miotics - Direct Acting</b>			
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Isopto Carpine	Tier 1	
<b>Ophthalmic - Antibacterial- Glucocorticoid Combinations</b>			
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Maxitrol	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Maxitrol	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	TobraDex	Tier 1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %		Tier 1	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %		Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 1	
<b>Ophthalmic - Anticholinergics</b>			
atropine ophthalmic (eye) drops 1 %	Isopto Atropine	Tier 1	
atropine ophthalmic (eye) ointment 1 %		Tier 1	
cyclopentolate ophthalmic (eye) drops 1 %, 2 %	Cyclogyl	Tier 1	
homatropaire ophthalmic (eye) drops 5 %		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
homatropine hbr ophthalmic (eye) drops 5 %	Homatropaire	Tier 1	
<b>Ophthalmic - Antihistamine-Decongestant Combinations</b>			
naphazoline-pheniramine ophthalmic (eye) drops 0.025-0.3 %, 0.02675-0.315 %		Tier 1	
<b>Ophthalmic - Antihistamines</b>			
ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)	Alaway	Tier 1	
olopatadine ophthalmic (eye) drops 0.1 %	Eye Allergy Itch-Redness Rf	Tier 1	
<b>Ophthalmic - Anti-Inflammatory, Glucocorticoids</b>			
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		Tier 1	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	FML Liquifilm	Tier 1	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	Lotemax	Tier 1	C1 (CODE 1: Prescribed by an Ophthalmologist or Optometrist)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Lotemax	Tier 1	C1 (CODE 1: Prescribed by an Ophthalmologist or Optometrist)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Pred Forte	Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		Tier 1	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %		Tier 1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		Tier 1	C1 (CODE 1: Prescribed by an Ophthalmologist)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		Tier 1	C1 (CODE 1: Prescribed by an Ophthalmologist or Optometrist)

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		Tier 1	C1 (CODE 1: Prescribed by an Ophthalmologist or Optometrist)
<b>Ophthalmic - Anti-Inflammatory, Immunomodulators</b>			
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %		Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		Tier 1	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %		Tier 1	
<b>Ophthalmic - Anti-Inflammatory, Nsaids</b>			
diclofenac sodium ophthalmic (eye) drops 0.1 %		Tier 1	
ketorolac ophthalmic (eye) drops 0.4 %	Acular LS	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	Acular	Tier 1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %		Tier 1	C1 (CODE 1: Prescribed by an Ophthalmologist)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %		Tier 1	C1 (CODE 1: Prescribed by an Ophthalmologist)
<b>Ophthalmic - Beta Blockers- Carbonic Anhydrase Inhibitor Combinations</b>			
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Cosopt	Tier 1	
<b>Ophthalmic - Carbonic Anhydrase Inhibitors</b>			
brinzolamide ophthalmic (eye) drops,suspension 1 %	Azopt	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Trusopt	Tier 1	
<b>Ophthalmic - Decongestants</b>			
naphazoline hcl/hypromellose ophthalmic (eye) drops 0.03-0.5 %		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
naphazoline hcl/peg 300 ophthalmic (eye) drops 0.012-0.2 %		Tier 1	
phenylephrine hcl ophthalmic (eye) drops 10 %		Tier 1	
<b>Ophthalmic - Hyperosmolar Agents</b>			
altachlore ophthalmic (eye) drops 5 %		Tier 1	
altachlore ophthalmic (eye) ointment 5 %		Tier 1	
muro 128 ophthalmic (eye) drops 5 %		Tier 1	
muro 128 ophthalmic (eye) ointment 5 %		Tier 1	
muro 130 ophthalmic (eye) drops 5 %		Tier 1	
muro 130 ophthalmic (eye) ointment 5 %		Tier 1	
sodium chloride ophthalmic (eye) drops 5 %	Altachlore	Tier 1	
sodium chloride ophthalmic (eye) ointment 5 %	Altachlore	Tier 1	
MURO 128 OPHTHALMIC (EYE) DROPS 2 %		Tier 1	
<b>Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers</b>			
betaxolol ophthalmic (eye) drops 0.5 %		Tier 1	
carteolol ophthalmic (eye) drops 1 %		Tier 1	
metipranolol ophthalmic (eye) drops 0.3 %		Tier 1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Timoptic	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	Timoptic-XE	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %		Tier 1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 1	
<b>Ophthalmic - Irrigation Solutions</b>			
eye wash sterile ophthalmic (eye) solution		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Ophthalmic - Local Anesthetic Esters</b>			
proparacaine ophthalmic (eye) drops 0.5 %	Alcaine	Tier 1	
<b>Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents</b>			
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML		Tier 1	PA
<b>Ophthalmic - Mast Cell Stabilizers</b>			
cromolyn ophthalmic (eye) drops 4 %		Tier 1	
<b>Ophthalmic - Viscoelastic Agents</b>			
healon5 intraocular syringe 23 mg/ml		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Ophthalmic Antibacterial Mixtures</b>			
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram		Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g		Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Polytrim	Tier 1	
<b>Ophthalmic Antibiotic - Aminoglycosides</b>			
gentamicin ophthalmic (eye) drops 0.3 %		Tier 1	
gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)		Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tobrex	Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Ophthalmic Antibiotic - Dehydropeptidase Inhibitors</b>			
bacitracin ophthalmic (eye) ointment 500 unit/gram		Tier 1	
<b>Ophthalmic Antibiotic - Fluoroquinolones</b>			
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Ciloxan	Tier 1	
levofloxacin ophthalmic (eye) drops 0.5 %		Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	Vigamox	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	Ocuflox	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %		Tier 1	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 1	
<b>Ophthalmic Antibiotic - Macrolides</b>			
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		Tier 1	
<b>Ophthalmic Antibiotic - Sulfonamides</b>			
bleph-10 ophthalmic (eye) drops 10 %		Tier 1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	Bleph-10	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		Tier 1	
<b>Ophthalmic Antivirals</b>			
trifluridine ophthalmic (eye) drops 1 %		Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		Tier 1	C1 (CODE 1: Prescribed by an Ophthalmologist)
<b>Ophthalmic Others</b>			
enuclene ophthalmic (eye) drops 0.25 %		Tier 1	

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists</b>			
brimonidine ophthalmic (eye) drops 0.15 %	Alphagan P	Tier 1	
brimonidine ophthalmic (eye) drops 0.2 %		Tier 1	
<b>Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs</b>			
latanoprost ophthalmic (eye) drops 0.005 %	Xalatan	Tier 1	
<b>Vascular Endothelial Growth Factor (Vegf-A) Receptor Antagonists</b>			
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML		Tier 1	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML		Tier 1	PA
<b>Otic (Ear)</b>			
<b>Otic (Ear) - Anti-Infective-Glucocorticoid Combinations</b>			
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Ciprodex	Tier 1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
<b>Otic (Ear) - Anti-Infectives Other</b>			
acetic acid otic (ear) solution 2 %		Tier 1	
<b>Otic (Ear) - Fluoroquinolones</b>			
ofloxacin otic (ear) drops 0.3 %		Tier 1	
<b>Otic (Ear) - Glucocorticoids</b>			
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Otic (Ear) - Wax Removers-Softeners</b>			
carbamide peroxide otic (ear) drops 6.5 %		Tier 1	
<b>Respiratory Therapy Agents</b>			
<b>1St Generation Antihistamine-Decongestant Combinations</b>			
brompheniramine/pseudoephedrine oral liquid 1-15 mg/5 ml		Tier 1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	Promethazine VC	Tier 1	
<b>2Nd Generation Antihistamine-Decongestant Combinations</b>			
cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg	All Day Allergy-D	Tier 1	
loratadine/pseudoephedrine oral tablet extended release 12 hr 5-120 mg		Tier 1	
loratadine/pseudoephedrine oral tablet extended release 24 hr 10-240 mg		Tier 1	
<b>Antihistamine - 1St Generation - Alkylamines</b>			
chlorpheniramine oral tablet 4 mg		Tier 1	
<b>Antihistamine - 1St Generation - Ethanolamines</b>			
diphenhydramine injection solution 50 mg/ml		Tier 1	
diphenhydramine injection syringe 50 mg/ml		Tier 1	
diphenhydramine oral capsule 25 mg, 50 mg		Tier 1	
diphenhydramine oral elixir 12.5 mg/5 ml		Tier 1	
diphenhydramine oral liquid 12.5 mg/5 ml		Tier 1	
diphenhydramine oral syrup 12.5 mg/5 ml		Tier 1	
diphenhydramine oral tablet 25 mg		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
diphenhydramine oral tablet, disintegrating 12.5 mg		Tier 1	
<b>Antihistamine - 1St Generation - Phenothiazines</b>			
promethazine oral syrup 6.25 mg/5 ml		Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg		Tier 1	
<b>Antihistamine - 1St Generation - Piperidines</b>			
cyproheptadine oral syrup 2 mg/5 ml		Tier 1	
cyproheptadine oral tablet 4 mg		Tier 1	
<b>Antihistamines - 1St Generation</b>			
chlorpheniramine oral tablet 4 mg		Tier 1	
cyproheptadine oral syrup 2 mg/5 ml		Tier 1	
cyproheptadine oral tablet 4 mg		Tier 1	
diphenhydramine injection solution 50 mg/ml		Tier 1	
diphenhydramine injection syringe 50 mg/ml		Tier 1	
diphenhydramine oral capsule 25 mg		Tier 1	
diphenhydramine oral capsule 50 mg	Banophen	Tier 1	
diphenhydramine oral elixir 12.5 mg/5 ml	Diphen	Tier 1	
diphenhydramine oral liquid 12.5 mg/5 ml		Tier 1	
diphenhydramine oral syrup 12.5 mg/5 ml		Tier 1	
diphenhydramine oral tablet 25 mg		Tier 1	
diphenhydramine oral tablet, disintegrating 12.5 mg		Tier 1	
promethazine oral syrup 6.25 mg/5 ml		Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
promethazine rectal suppository 12.5 mg, 25 mg	Promethegan	Tier 1	
promethazine rectal suppository 50 mg		Tier 1	
<b>Antihistamines - 2Nd Generation</b>			
cetirizine oral solution 1 mg/ml	All Day Allergy (cetirizine)	Tier 1	
cetirizine oral tablet 10 mg, 5 mg		Tier 1	
fexofenadine oral suspension 30 mg/5 ml		Tier 1	ST
fexofenadine oral tablet 180 mg, 60 mg		Tier 1	ST
fexofenadine oral tablet,disintegrating 30 mg		Tier 1	ST
levocetirizine oral tablet 5 mg	Allergy Relief (levocetirizin)	Tier 1	
loratadine oral solution 5 mg/5 ml		Tier 1	
loratadine oral tablet 10 mg	Allergy Relief (loratadine)	Tier 1	
loratadine oral tablet,disintegrating 10 mg		Tier 1	
ALLERGY RELIEF (LEVOCETIRIZIN) ORAL TABLET 5 MG		Tier 1	
<b>Antihistamines - 2Nd Generation - Piperazines</b>			
cetirizine oral solution 1 mg/ml		Tier 1	
cetirizine oral tablet 10 mg, 5 mg		Tier 1	
levocetirizine oral tablet 5 mg	Allergy Relief (levocetirizin)	Tier 1	
ALLERGY RELIEF (LEVOCETIRIZIN) ORAL TABLET 5 MG		Tier 1	
<b>Antihistamines - 2Nd Generation - Piperidines</b>			
fexofenadine oral suspension 30 mg/5 ml		Tier 1	ST
fexofenadine oral tablet 180 mg	Aller-ease	Tier 1	ST
fexofenadine oral tablet 60 mg		Tier 1	ST

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
fexofenadine oral tablet,disintegrating 30 mg		Tier 1	ST
loradamed oral tablet 10 mg		Tier 1	
loratadine oral solution 5 mg/5 ml		Tier 1	
loratadine oral tablet 10 mg		Tier 1	
loratadine oral tablet,disintegrating 10 mg	Alavert	Tier 1	
non-drowsy allergy oral tablet 10 mg		Tier 1	
<b>Antitussives - Non-Opioid</b>			
benzonatate oral capsule 100 mg	Tessalon Perles	Tier 1	QL (90 Units per 30 Days)
benzonatate oral capsule 200 mg		Tier 1	QL (90 Units per 30 Days)
<b>Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)</b>			
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	Pulmicort	Tier 1	AL (Max 3 Years)
AEROSPAN INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION		Tier 1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 1	
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION		Tier 1	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		Tier 1	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION		Tier 1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION		Tier 1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION		Tier 1	
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 1	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 1	
<b>Asthma Therapy - Leukotriene Receptor Antagonists</b>			
montelukast oral granules in packet 4 mg	Singulair	Tier 1	QL (30 Units per 30 Days ); AL (Max 2 Years)
montelukast oral tablet 10 mg	Singulair	Tier 1	QL (30 Units per 30 Days )
montelukast oral tablet,chewable 4 mg	Singulair	Tier 1	QL (30 Units per 30 Days ); AL (Max 5 Years)
montelukast oral tablet,chewable 5 mg	Singulair	Tier 1	QL (30 Units per 30 Days ); AL (Max 15 Years)
<b>Asthma Therapy - Mast Cell Stabilizers</b>			
cromolyn inhalation solution for nebulization 20 mg/2 ml		Tier 1	
<b>Asthma Therapy - Xanthines</b>			
theochron oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg		Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
theophylline oral tablet extended release 24 hr 400 mg		Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		Tier 1	
<b>Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors</b>			
DALIRESP ORAL TABLET 250 MCG, 500 MCG		Tier 1	QL (30 Units per 30 Days)
<b>Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting</b>			
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION		Tier 1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		Tier 1	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG		Tier 1	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION		Tier 1	
<b>Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting</b>			
ipratropium bromide inhalation solution 0.02 %		Tier 1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		Tier 1	
<b>Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>			
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting</b>			
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 1	
<b>Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting</b>			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	ProAir HFA	Tier 1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml		Tier 1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION		Tier 1	
<b>Asthma/Copd Therapy - Beta Adrenergic Agents</b>			
albuterol sulfate oral syrup 2 mg/5 ml		Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg		Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg		Tier 1	
terbutaline subcutaneous solution 1 mg/ml		Tier 1	
<b>Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations</b>			
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml		Tier 1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION		Tier 1	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG		Tier 1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION		Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION		Tier 1	

Revise : 10/01/2021



Drug Name	Reference	Formulary	Restriction/Limit
<b>Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations</b>			
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	Symbicort	Tier 1	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	AirDuo RespiClick	Tier 1	QL (1 Unit per 30 Days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Wixela Inhub	Tier 1	QL (60 Units per 30 Days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE		Tier 1	QL (60 Units per 30 Days)
<b>Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb,</b>			
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG		Tier 1	ST
<b>Cystic Fibrosis - Inhaled Aminoglycosides</b>			
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tobi	Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator</b>			
KALYDECO ORAL TABLET 150 MG		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Decongestant-Expectorant Combinations</b>			
guaifenesin/phenylephrine oral liquid 5-100 mg/5 ml		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
<b>Expectorants - Single Agents, General</b>			
guaifenesin oral tablet 200 mg	Expectorant	Tier 1	
ADULT TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML		Tier 1	
ADULT WAL-TUSSIN ORAL LIQUID 100 MG/5 ML		Tier 1	
CHILD MUCUS RELIEF EXPECTORANT ORAL LIQUID 100 MG/5 ML		Tier 1	
CHILDREN'S CHEST CONGESTION ORAL LIQUID 100 MG/5 ML		Tier 1	
COUGH SYRUP ORAL LIQUID 100 MG/5 ML		Tier 1	
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5 ML		Tier 1	
EXPECTORANT ORAL LIQUID 100 MG/5 ML		Tier 1	
EXPECTORANT ORAL TABLET 200 MG		Tier 1	
LIQUITUSS GG ORAL LIQUID 200 MG/5 ML		Tier 1	
MUCUS RELIEF ORAL TABLET 200 MG		Tier 1	
<b>Mucolytics</b>			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML		Tier 1	PA; SP (CONTACT OPTUM SPECIALTY, 855-427-4682 OR FAX 800-218-3221)
<b>Nasal Anticholinergics</b>			
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)		Tier 1	
<b>Nasal Antihistamines</b>			
azelastine nasal aerosol,spray 137 mcg (0.1 %)		Tier 1	
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
olopatadine nasal spray,non-aerosol 0.6 %	Patanase	Tier 1	
<b>Nasal Corticosteroids</b>			
budesonide nasal spray,non-aerosol 32 mcg/actuation	Rhinocort Allergy	Tier 1	ST
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		Tier 1	ST
fluticasone nasal spray,suspension 50 mcg/actuation	24 Hour Allergy Relief	Tier 1	
triamcinolone acetone nasal aerosol,spray 55 mcg	24 Hour Nasal Allergy	Tier 1	ST
<b>Nasal Moisturizers</b>			
sodium chloride (nasal) nasal aerosol,spray 0.65 %		Tier 1	
sodium chloride (nasal) nasal drops 0.65 %		Tier 1	
AYR SALINE GEL NASAL SPRAY,NON-AEROSOL		Tier 1	
<b>Non-Opioid Antitussive-1St Gen.Antihistamine-Decongestant Combinations</b>			
brompheniramine/psuedoephed/dm oral elixir 1-15-5 mg/5 ml		Tier 1	
<b>Non-Opioid Antitussive-Antihistamine Combinations</b>			
promethazine-dm oral syrup 6.25-15 mg/5 ml		Tier 1	
<b>Non-Opioid Antitussive-Decongestant-Expectorant Combinations</b>			
ADULT ROBITUSSIN PEAK COLD M-S ORAL LIQUID 5-10-100 MG/5 ML		Tier 1	
ADULT TUSSIN MULTI-SYMP COLD ORAL LIQUID 5-10-100 MG/5 ML		Tier 1	
BIOGIL ORAL LIQUID 10-15-300 MG/5 ML		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
BRONTUSS SF ORAL LIQUID 10-15-300 MG/5 ML		Tier 1	
CHILDRENS GILTUSS COUGH-COLD ORAL LIQUID 10-15-300 MG/5 ML		Tier 1	
DESGEN DM ORAL LIQUID 5-10-100 MG/5 ML		Tier 1	
DESPEC DM-G ORAL LIQUID 5-10-100 MG/5 ML		Tier 1	
DESPEC-DM (PHENYLEPH-DM-GUAIF) ORAL LIQUID 5-10-100 MG/5 ML		Tier 1	
ROBAFEN CF (PHENYLEPHRINE) ORAL LIQUID 5-10-100 MG/5 ML		Tier 1	
TUSSIN CF (PE-DM-GUAIF) ORAL LIQUID 5-10-100 MG/5 ML		Tier 1	
TUSSIN CF COUGH-COLD ORAL LIQUID 5-10-100 MG/5 ML		Tier 1	
TUSSIN CF ORAL SYRUP 30-10-100 MG/5 ML		Tier 1	
WAL-TUSSIN COUGH AND COLD CF ORAL LIQUID 5-10-100 MG/5 ML		Tier 1	
<b>Non-Opioid Antitussive-Expectorant Combinations</b>			
dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml	Adult Tussin DM	Tier 1	
guaifenesin/phenylephrine oral liquid 30-200 mg/5 ml		Tier 1	
ADULT TUSSIN DM ORAL SYRUP 10-100 MG/5 ML		Tier 1	
ADULT WAL-TUSSIN DM MAX ORAL LIQUID 10-200 MG/5 ML		Tier 1	
ANTITUSSIVE DM ORAL SYRUP 10-100 MG/5 ML		Tier 1	
COUGH FORMULA DM ORAL SYRUP 10-100 MG/5 ML		Tier 1	
COUGH SYRUP DM ORAL SYRUP 10-100 MG/5 ML		Tier 1	
DIABETIC SILTUSSIN-DM MAX STR ORAL LIQUID 10-200 MG/5 ML		Tier 1	

Revise : 10/01/2021

<b>Drug Name</b>	<b>Reference</b>	<b>Formulary</b>	<b>Restriction/Limit</b>
EXPECTORANT DM ORAL SYRUP 10-100 MG/5 ML		Tier 1	
GUAIFENESIN/DEXTROMETHORPHAN ORAL LIQUID 10-200 MG/5 ML		Tier 1	
GUIATUSS DM ORAL SYRUP 10-100 MG/5 ML		Tier 1	
TUSSIN DM MAX ORAL LIQUID 10-200 MG/5 ML		Tier 1	
<b>Opioid Antitussive-1St Generation Antihistamine Combinations</b>			
promethazine-codeine oral syrup 6.25-10 mg/5 ml		Tier 1	QL (240 Units per 30 Days ); AL (Min 12 Years)
<b>Opioid Antitussive-1St Generation Antihistamine-Decongestant Comb.</b>			
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	Promethazine VC-Codeine	Tier 1	QL (240 Units per 30 Days ); AL (Min 12 Years)
<b>Opioid Antitussive-Expectorant Combinations</b>			
cheratussin ac oral liquid 10-100 mg/5 ml		Tier 1	QL (240 Units per 30 Days ); AL (Min 12 Years)
codeine-guaifenesin oral liquid 10-100 mg/5 ml		Tier 1	QL (240 Units per 30 Days ); AL (Min 12 Years)
codeine-guaifenesin oral liquid 10-100 mg/5 ml	Guaifenesin AC	Tier 1	QL (240 Units per 30 Days ); AL (Min 12 Years)
guaifenesin ac oral liquid 10-100 mg/5 ml		Tier 1	QL (240 Units per 30 Days ); AL (Min 12 Years)
<b>Systemic Sympathomimetic Decongestants</b>			
pseudoephedrine hcl oral liquid 15 mg/5 ml		Tier 1	AL (Min 3 Years)
pseudoephedrine hcl oral liquid 30 mg/5 ml		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
pseudoephedrine hcl oral tablet (abuse-resistant) 30 mg		Tier 1	AL (Min 3 Years)
pseudoephedrine hcl oral tablet 30 mg		Tier 1	AL (Min 3 Years)
pseudoephedrine hcl oral tablet 60 mg	Sudogest	Tier 1	AL (Min 3 Years)
<b>Vaginal Products</b>			
<b>Vaginal Antibacterial - Lincosamides</b>			
clindamycin phosphate vaginal cream 2 %	Cleocin	Tier 1	
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Tier 1	
<b>Vaginal Antifungal - Imidazoles</b>			
clotrimazole vaginal cream 1 %	Clotrimazole-7	Tier 1	
clotrimazole vaginal cream 2 %		Tier 1	
clotrimazole-7 vaginal cream 1 %		Tier 1	
miconazole nitrate vaginal comb pack,prefill appl, cream 4 % (200 mg)- 2 % (9 gram)	Miconazole-3	Tier 1	
miconazole nitrate vaginal cream 2 %, 200 mg/5 gram (4 %)		Tier 1	
miconazole nitrate vaginal kit 200 mg- 2 % (9 gram)		Tier 1	
miconazole nitrate vaginal suppository 100 mg, 200 mg		Tier 1	
<b>Vaginal Antifungal - Triazoles</b>			
terconazole vaginal cream 0.4 %, 0.8 %		Tier 1	
<b>Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives</b>			
metronidazole vaginal gel 0.75 %		Tier 1	
<b>Vaginal Estrogens</b>			
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Estrace	Tier 1	
estradiol vaginal tablet 10 mcg	Yuvaferm	Tier 1	QL (8 Units per 28 Days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 1	

Revise : 10/01/2021

Drug Name	Reference	Formulary	Restriction/Limit
YUVAFEM VAGINAL TABLET 10 MCG		Tier 1	QL (8 Units per 28 Days)
<b>Vaginal Progestins</b>			
CRINONE VAGINAL GEL 4 %		Tier 1	

Revise : 10/01/2021

Revise : 10/01/2021



<b>Index</b>					
ABRAXANE.....	38	AFLURIA QUAD 2021-2022(6MO UP).....	46	ARMONAIR RESPICLICK.....	153
acarbose.....	99	A-HYDROCORT .....	105	ARMOUR THYROID.....	110
acebutolol.....	54	airzone peak flow meter..	136, 137	ARNUITY ELLIPTA.....	153
acetaminophen.....	9	albuterol sulfate.....	156	artificial tears.....	142, 143
acetaminophen-codeine.....	8	alclometasone.....	85	ASMANEX TWISTHALER.....	153
acetazolamide.....	57	alendronate.....	102	aspirin.....	20, 130
acetic acid.....	123, 149	alfuzosin.....	124	aspirin-dipyridamole.....	129
acetylcysteine.....	21, 158	ALLERGY RELIEF (LEVOCETIRIZIN).....	152	atenolol.....	54
ACTEMRA.....	17	allopurinol.....	126	atenolol-chlorthalidone.....	56
ACTEMRA ACTPEN.....	17	alogliptin.....	99	atomoxetine.....	70
ACTIMMUNE.....	23	alogliptin-metformin.....	102	atorvastatin.....	53
ACTOPLUS MET XR.....	101	alogliptin-pioglitazone.....	102	atovaquone.....	23
acyclovir.....	28, 85	alpha lipoic acid.....	7	atropine.....	143
ADACEL(TDAP ADOLESN/ADULT)(PF).....	45	alprazolam.....	60, 71	ATROVENT HFA.....	155
adapalene.....	81	ALREX.....	144	AUBAGIO.....	142
adefovir.....	26	altachlore.....	146	AVASTIN.....	30
ADMELOG SOLOSTAR U-100 INSULIN.....	108	aluminum hydroxide gel.....	111	AVONEX.....	141
ADMELOG U-100 INSULIN LISPRO.....	108	ALVESCO.....	153	AVONEX (WITH ALBUMIN).....	141
ADRIAMYCIN.....	39	ALYQ.....	59	AYR SALINE GEL.....	159
ADRUCIL.....	32	AMABELZ.....	103	azacitidine.....	32
ADULT ROBITUSSIN PEAK COLD M-S.....	159	amifostine crystalline.....	40	azathioprine.....	16, 131
ADULT TUSSIN CHEST CONGESTION.....	158	amiodarone.....	52	azelastine.....	158
ADULT TUSSIN DM.....	160	amitriptyline.....	67	azithromycin.....	28, 29
ADULT TUSSIN MULTI-SYMP COLD.....	159	amlodipine.....	55	bacitracin.....	82, 148
ADULT WAL-TUSSIN.....	158	amlodipine-atorvastatin.....	54	bacitracin-polymyxin b.....	82, 147
ADULT WAL-TUSSIN DM MAX.....	160	amlodipine-benazepril.....	48	baclofen.....	133
aerochamber.....	136, 137	amlodipine-olmesartan.....	49	balsalazide.....	118
aerochamber plus flow-vu,l msk.....	136, 137	amlodipine-valsartan.....	49	BAQSIMI.....	98
aerochamber plus flow-vu,m msk.....	136, 137	amoxicillin.....	21	BARACLUDGE.....	26
aerochamber plus flow-vu,s msk.....	136, 137	amoxicillin-pot clavulanate.....	21, 22	BASAGLAR KWIKPEN.....	107
AEROSPAN.....	153	ampicillin.....	21	baza antifungal.....	83
AFINITOR.....	36	anagrelide.....	129	b-complex with vitamin c.....	90
AFINITOR DISPERZ.....	36	anastrozole.....	33	bd regular bevel needles.....	136, 137
AFLURIA QD 2021-22(3YR UP)(PF).....	46	ANORO ELLIPTA.....	156	benazepril.....	48, 49
AFLURIA QD 2021-22(6-35MO)(PF).....	46	antacid extra-strength....	111, 112	BENLYSTA.....	17, 18
		ANTISEPTIC BIO-HAND.....	41	benzonatate.....	153
		ANTITUSSIVE DM.....	160	benzoyl peroxide.....	81
		ANZEMET.....	114	BESIVANCE.....	148
		APIDRA.....	108	BESPONSA.....	31, 39
		APIDRA SOLOSTAR.....	108	betamethasone dipropionate....	85
		aprepitant.....	114	betamethasone valerate.....	85, 86
		AQUADEKS.....	94	betamethasone, augmented....	86
		AQUADEKS PEDIATRIC.....	95	BETASERON.....	141
		ARANESP (IN POLYSORBATE)..	127	BETATAR GEL.....	88
		ARCAPTA NEOHALER.....	155	betaxolol.....	146
				bethanechol chloride.....	126
				BETIMOL.....	146

BETOPTIC S.....	146	butalbital-acetaminophen-	cetirizine-pseudoephedrine....	150
BEVESPI AEROSPHERE.....	156	caff.....	CHANTIX STARTING MONTH	
bexarotene.....	37	butalbital-aspirin-caffeine.....	BOX.....	77
BEXSERO (PF).....	46	BYDUREON.....	CHEMET.....	21
bicalutamide.....	31	BYDUREON BCISE.....	cheratussin ac.....	161
BIOGIL.....	159	BYETTA.....	CHILD MUCUS RELIEF	
bisacodyl.....	122	cabergoline.....	EXPECTORANT.....	158
bismuth subsalicylate.....	112	cafergot.....	CHILDREN'S CHEST	
BISMUTH SUBSALICYLATE.....	112	calamine-zinc oxide.....	CONGESTION.....	158
bisoprolol fumarate.....	54	calcipotriene.....	CHILDRENS GILTUSS COUGH-	
bisoprolol-		calcitonin (salmon).....	COLD.....	160
hydrochlorothiazide.....	56	calcitriol.....	children's mapap.....	9
BIVIGAM.....	42	calcium acetate.....	chlordiazepoxide hcl.....	60, 71
bleomycin.....	39	calcium carbonate	chlordiazepoxide-clidinium	
bleph-10.....	148	.....	.....	71, 118
BLEPHAMIDE.....	143	.....	chlorhexidine gluconate.....	140
BLEPHAMIDE S.O.P.....	143	calcium carbonate (antacid)....	chloroquine phosphate.....	23
blood pressure kit med and lrg		calcium carbonate-vitamin d3..	chlorpheniramine.....	150, 151
.....	135, 137	calcium citrate-vitamin d3.....	chlorpropamide.....	100
blood pressure monitor...	135, 137	calcium gluconate.....	chlorthalidone.....	58
blood pressure test kit-large		calcium lactate.....	chlorzoxazone.....	133
.....	135, 137	captopril.....	cholecalciferol (vitamin d3).....	97
blood pressure test kit-		captopril-hydrochlorothiazide..	CHOLECALCIFEROL (VITAMIN	
medium.....	135, 137	CARAFATE.....	D3).....	97
blood pressure test kit-small		carbamazepine.....	cholestyramine (with sugar).....	52
.....	135, 137	carbamide peroxide.....	cholestyramine light.....	52
blood pressure test kit-wrist		carbidopa-levodopa.....	cholestyramine/aspartame.....	52
.....	135, 137	carbidopa-levodopa-	ciclopirox.....	83
BOOSTRIX TDAP.....	45	entacapone.....	cilostazol.....	129
BOTOX.....	132	carboplatin.....	CILOXAN.....	148
BRILINTA.....	129	CARIMUNE NF NANOFILTERED.	cimetidine.....	116
brimonidine.....	149	CARNITOR.....	cimetidine hcl.....	116
brinzolamide.....	145	carteolol.....	CIMZIA.....	10, 12, 119
bromocriptine.....	68	carvedilol.....	CIMZIA POWDER FOR	
brompheniramine/pseudoeph		carvedilol phosphate.....	RECONST.....	10, 12, 119
edrine.....	150	cefaclor.....	CIMZIA STARTER KIT ...	10, 12, 119
brompheniramine/psuedoeph		cefadroxil.....	cinacalcet.....	103
ed/dm.....	159	cefazolin.....	ciprofloxacin.....	26
BROMSITE.....	145	cefdinir.....	ciprofloxacin hcl.....	25, 26, 148
BRONTUSS SF.....	160	cefixime.....	ciprofloxacin-dexamethasone	149
budesonide.....	119, 153, 159	cefipodoxime.....	cisplatin.....	37
budesonide-formoterol.....	157	cefprozil.....	citalopram.....	65
bumetanide.....	58	ceftriaxone.....	citric acid-sodium citrate.....	124
bupropion hcl.....	66	cefuroxime.....	clarithromycin.....	29
bupropion hcl (smoking deter)..	76	celecoxib.....	CLEOCIN.....	162
buspirone.....	61	cephalexin.....	clindamycin.....	28
butalbital-acetaminop-caf-		CEQUA.....		
cod.....	8	cerave.....		
		cetirizine.....		152

clindamycin phosphate	dantrolene.....	133	dilantin.....	62
..... 80, 81, 162	dapsone.....	23	DILANTIN.....	63
clobazam.....	DAPTACEL (DTAP PEDIATRIC		diltiazem hcl.....	55
..... 61, 71	(PF).....	45	dimenhydrinate.....	113
clobetasol.....	darifenacin.....	125	dimethyl fumarate.....	142
..... 86	DARZALEX.....	34	dioctyl.....	122
clobetasol-emollient.....	DAYTRANA.....	70	DIOTAME.....	112
..... 86	deltasone.....	104	DIPENTUM.....	119
clomipramine.....	denta 5000 plus (fluoride).....	140	diphenhydramine.....	76, 150, 151
..... 67	dentagel (fluoride).....	140	diphenoxylate-atropine.....	113
clonazepam.....	DEPO-SUBQ PROVERA 104.....	78	dipyridamole.....	130
..... 60, 61, 71	DERMAGEL HAND SANITIZER....	41	disopyramide phosphate.....	51
clonidine hcl.....	DESGEN DM.....	160	divalproex.....	62, 72, 74
..... 57	desipramine.....	67	docetaxel.....	38
clopidogrel.....	desmopressin.....	98	docu.....	123
..... 130	desogestrel-e.estradiol.....	78, 79	docusate calcium.....	123
clorazepate dipotassium.....	desonide.....	86	docusate sodium.....	123
..... 60, 71	desoximetasone.....	86	dofetilide.....	52
clotrimazole.....	DESPEC DM-G.....	160	donepezil.....	77
..... 83, 140, 162	DESPEC-DM (PHENYLEPH-		dorzolamide.....	145
clotrimazole-7.....	DM-GUAIF).....	160	dorzolamide-timolol.....	145
..... 162	desvenlafaxine succinate.....	66	DOTTI.....	104
clotrimazole-betamethasone... 84	dexamethasone.....	105	doxazosin.....	59
coal tar.....	DEXAMETHASONE INTENSOL. 105		doxepin.....	67
..... 88	dexamethasone sodium		doxercalciferol.....	139
codeine-butalbital-asa-caff..... 8	phosphate.....	105, 144	doxorubicin.....	38
codeine-guaifenesin.....	dexamethylphenidate.....	68	doxorubicin, peg-liposomal.....	39
..... 161	dextroamphetamine 68, 69, 73, 75		doxycycline.....	30
colchicine.....	dextroamphetamine-		DRITHOCREME HP.....	84
..... 126	amphetamine.....	69, 73, 75, 76	drospirenone-e.estradiol.....	78
colesevelam.....	dextromethorphan-		DROXIA.....	130
..... 52	guaifenesin.....	160	dss.....	123
COMBIPATCH.....	dextrose 5 % in water (d5w).....	91	DUAVEE.....	103
..... 103	DIABETIC SILTUSSIN-DM MAX		duloxetine.....	66
COMBIVENT RESPIMAT.....	STR.....	160	dutasteride.....	124
..... 156	DIABETIC TUSSIN EX.....	158	econazole.....	83
condoms.....	DIALYVITE VITAMIN D.....	97	electrolytes-dextrose.....	93
..... 134, 135, 137	diaphragm.....	134, 137	eletriptan.....	74
CORLANOR.....	diazepam.....	60, 61, 71	ELIQUIS.....	126
..... 59	diclofenac sodium.....	19, 88, 145	ELIQUIS DVT-PE TREAT 30D	
cortisone.....	diclofenac-misoprostol.....	18	START.....	126
..... 104	dicloxacillin.....	30	ELURYNG.....	80
cortisporin.....	dicyclomine.....	118	EMPLICITI.....	33
..... 82	didanosine.....	24	enalapril maleate.....	49
COSENTYX.....	diflunisal.....	20	enalapril-hydrochlorothiazide..	48
..... 82	DIGESTIVE RELIEF.....	112	ENBREL.....	9, 10, 12, 13
COSENTYX PEN.....	digox.....	57	ENBREL MINI.....	9, 12
..... 82	digoxin.....	57	ENBREL SURECLICK.....	10, 13
COSMEGEN.....				
..... 38				
COUGH FORMULA DM.....				
..... 160				
COUGH SYRUP.....				
..... 158				
COUGH SYRUP DM.....				
..... 160				
CREON.....				
..... 115				
CRINONE.....				
..... 163				
critic-aid clear af(miconazol).....				
..... 83				
cromolyn.....				
..... 36, 147, 154				
CUTAR.....				
..... 88				
cyanocobalamin (vitamin b-12).....				
..... 96				
cyclobenzaprine.....				
..... 133				
cyclopentolate.....				
..... 143				
cyclophosphamide.....				
..... 16, 31				
cyclosporine.....				
..... 16, 130				
cyclosporine modified.....				
..... 16, 130				
cyproheptadine.....				
..... 151				
CYRAMZA.....				
..... 38				
D3-2000.....				
..... 97				
dactinomycin.....				
..... 38				
dalfampridine.....				
..... 142				
DALIRESP.....				
..... 155				

ENGERIX-B (PF).....	42	famotidine (pf)-nacl (iso-os)..	116	FLUZONE QUAD 2021-2022	
ENOATIZER.....	41	famotidine in 0.9 % nacl.....	116	(PF).....	47
enoxaparin.....	129	FARXIGA.....	100	FLUZONE QUAD SOUTH	
entacapone.....	68	FARYDAK.....	34	HEM2021(PF).....	47
entecavir.....	26	felodipine.....	55	FLUZONE QUAD SOUTHERN	
ENTRESTO.....	50	fenofibrate micronized.....	52	HEM 2021.....	47
ENTYVIO.....	119	fenofibrate nanocrystallized.....	52	folbee plus.....	90
enuclene.....	148	fenofibric acid (choline).....	52	folic acid.....	98
EPANED.....	49	fentanyl.....	7	FOSAMAX PLUS D.....	102
EPI-CLENZ.....	41	ferrous gluconate.....	93	fosaprepitant.....	114
epinephrine.....	56	ferrous sulfate.....	93	freestyle control.....	134, 137
EPIPEN.....	56	fexofenadine.....	152, 153	freestyle freedom lite.....	134, 137
epipen 2-pak.....	56	finasteride.....	124	freestyle insulinx.....	134, 138
EPIPEN JR.....	56	FIRVANQ.....	26	FREESTYLE INSULINX TEST	
epirubicin.....	39	fish oil.....	53	STRIPS.....	133, 139
eplerenone.....	49, 57	FLEBOGAMMA DIF.....	42	freestyle lite meter.....	134, 138
ergocalciferol (vitamin d2).....	97	flecainide.....	51	FREESTYLE LITE STRIPS...	134, 139
ergotamine-caffeine.....	74	FLOVENT DISKUS.....	154	freestyle precision neo meter	
ERIVEDGE.....	34	FLOVENT HFA.....	154	.....	135, 138
erythromycin.....	29, 81, 148	FLUAD QUAD 2021-22(65Y		FREESTYLE PRECISION NEO	
erythromycin ethylsuccinate.....	29	UP)(PF).....	46	STRIPS.....	134, 139
escitalopram oxalate.....	65	FLUARIX QUAD 2021-2022		FREESTYLE TEST.....	134
esomeprazole magnesium.....	116	(PF).....	46	frovatriptan.....	74
estradiol.....	104, 162	FLUBLOK QUAD 2021-2022		FULPHILA.....	127
estradiol-norethindrone acet.	103	(PF).....	46	furosemide.....	58
ESTROGEL.....	104	FLUCELVAX QUAD 2021-2022.	46	gabapentin.....	62
estrogens-methyltestosterone		FLUCELVAX QUAD 2021-2022		galantamine.....	78
.....	103	(PF).....	46	GAMASTAN.....	43
ethambutol.....	24	fluconazole.....	23	GAMASTAN S/D.....	43
ethosuximide.....	64	fludarabine.....	32	GAMMAGARD LIQUID.....	43
ethyl alcohol.....	41	fludrocortisone.....	109	GAMMAGARD S-D (IGA < 1	
ethynodiol d-e.estradiol.....	78	FLULAVAL QUAD 2021-2022		MCG/ML).....	43
ethynodiol diac-eth estradiol...	78	(PF).....	47	GAMMAKED.....	43
etodolac.....	19	FLUMIST QUAD 2021-2022 44, 47		GAMMAPLEX.....	43
etonogestrel-ethinyl estradiol..	80	flunisolide.....	159	GAMUNEX-C.....	43
etoposide.....	34	fluocinolone.....	86	GARDASIL 9 (PF).....	46
euflexxa.....	132	fluocinonide.....	86, 87	gel-one.....	132
EURAX.....	89	fluorometholone.....	144	gemcitabine.....	32
EUTHYROX.....	111	fluorouracil.....	32, 84	gemfibrozil.....	52
everolimus (antineoplastic).....	36	fluoxetine.....	65	gentamicin.....	82, 147
exemestane.....	33	flutamide.....	31	genvisc 850.....	132
EXPECTORANT.....	158	fluticasone.....	87, 159	GERM DEFENSE.....	41
EXPECTORANT DM.....	161	fluticasone propion-		glatiramer.....	142
EXTAVIA.....	141	salmeterol.....	157	GLATOPA.....	142
eye wash sterile.....	146	fluvoxamine.....	65	GLEOSTINE.....	31
ezetimibe.....	53	FLUZONE HIGHDOSE QUAD		glimepiride.....	100
famotidine.....	116	21-22 PF.....	47	glipizide.....	100
famotidine (pf).....	116	FLUZONE QUAD 2021-2022.....	47	glipizide-metformin.....	100

GLUCAGEN DIAGNOSTIC KIT .....	90	HUMIRA PEN .....	11, 13, 120	imatinib .....	37
GLUCAGEN HYPOKIT .....	98	HUMIRA PEN CROHN'S-UC-HS		IMFINZI .....	39
GLUCAGON (HCL)		START .....	10, 13, 120	imipramine hcl .....	67
EMERGENCY KIT .....	98	HUMIRA PEN PSORIASIS-		imiquimod .....	88
GLUCAGON EMERGENCY KIT		UVEITIS .....	10, 13, 120	INCRUSE ELLIPTA .....	155
(HUMAN) .....	98	HUMIRA(CF) .....	11, 14, 121	indapamide .....	59
glucagon hcl .....	90	HUMIRA(CF) PEDI CROHNS		INDERAL XL .....	55
glucose .....	98	STARTER .....	11, 13, 120	indomethacin .....	19, 20
glucose control solution..	135, 138	HUMIRA(CF) PEN .....	11, 14, 120	INFANRIX (DTAP) (PF) .....	45
glyburide .....	100	HUMIRA(CF) PEN CROHNS-		INFLECTRA .....	11, 14, 121
glyburide micronized .....	100	UC-HS .....	11, 13, 120	insulin asp prt-insulin aspart..	107
glyburide-metformin .....	100	HUMIRA(CF) PEN PEDIATRIC		insulin aspart u-100 .....	107
glycerin .....	122	UC .....	11, 14, 120	insulin lispro .....	107
glycopyrrolate .....	118	HUMIRA(CF) PEN PSOR-UV-		insulin lispro protamin-lispro..	107
granisetron hcl .....	114	ADOL HS .....	11, 14, 120	INTRON A .....	35
griseofulvin .....	23	HUMULIN 70/30 .....	106	INVELTYS .....	144
guaifenesin .....	158	HUMULIN 70/30 KWIKPEN .....	106	ipratropium bromide .....	155, 158
guaifenesin ac .....	161	HUMULIN N .....	106	ipratropium-albuterol .....	156
GUAIFENESIN/DEXTROMETHO		HUMULIN N KWIKPEN .....	106	irinotecan .....	38
RPHAN .....	161	HUMULIN R U-100 .....	106	isometh-dichloral-	
guaifenesin/phenylephrine		HUMULIN R U-500		acetaminophn .....	74
.....	157, 160	(CONCENTRATED) .....	106	isoniazid .....	24
guanfacine .....	57, 68	hyalgan .....	132	isopropyl alcohol .....	41
GUIATUSS DM .....	161	hydralazine .....	57	ISORDIL .....	51
HALAVEN .....	36	hydrochlorothiazide .....	58	isosorbide dinitrate .....	50
HAND SANITIZER .....	41	hydrocodone bitartrate .....	7	isosorbide mononitrate .....	50
HAVRIX (PF) .....	42	hydrocodone-acetaminophen....	8	isradipine .....	55
healon5 .....	147	hydrocortisone ....	20, 87, 105, 119	ivermectin .....	22
HEPAGAM B .....	44	HYDROCORTISONE .....	87	IXEMPRA .....	34
heparin .....	128	hydrocortisone-acetic acid ....	149	JARDIANCE .....	100
heparin (porcine) .....	128	hydrocortisone-pramoxine. 20, 87		KADCYLA .....	31, 40
HEPARIN LOCK .....	128	HYDROCORTISONE-		KALYDECO .....	157
heparin lock flush (porcine) ....	128	PRAMOXINE .....	20, 87, 88	KEDRAB (PF) .....	44
HEPLISAV-B (PF) .....	42	hydromorphone .....	7	ketoconazole .....	23, 83
HERCEPTIN .....	40	hydroxychloroquine .....	15, 23	ketone urine test	
HEXALEN .....	31	hydroxyproggest(pf)(preg		.....	90, 136, 137, 138
HIZENTRA .....	43	presv) .....	104, 109	ketoprofen .....	19
homatropaire .....	143	hydroxyprogesterone		ketorolac .....	18, 145
homatropine hbr .....	144	cap(ppres) .....	104, 109	ketotifen fumarate .....	144
HUMALOG .....	108	hydroxyurea .....	32	labetalol .....	49
HUMALOG KWIKPEN .....	108	hydroxyzine hcl .....	60	lactulose .....	115, 122
HUMALOG MIX 50-50 .....	107	hydroxyzine pamoate .....	60	lamotrigine .....	63, 64, 72
HUMALOG MIX 50-50		hyoscyamine sulfate .....	117, 125	lanoxin .....	57
KWIKPEN .....	107	HYPERRAB (PF) .....	44	lansoprazole .....	117
HUMALOG MIX 75-25 .....	107	HYPERRAB S/D (PF) .....	44	LANSOPRAZOLE .....	117
HUMIRA .....	11, 13, 120	HYPERTET S/D (PF) .....	44	lanthanum .....	123
HUMIRA PEDIATRIC CROHN'S		ibandronate .....	102	LARTRUVO .....	30
START .....	10, 13, 120	ibuprofen .....	19	latanoprost .....	149



leflunomide.....	17	LUPRON DEPOT-PED (3	mexiletine.....	51
letrozole.....	33	MONTH).....	miconazole nitrate.....	83, 84, 162
leucovorin calcium.....	40	LYSODREN.....	midodrine.....	57
LEUKERAN.....	31	mag carb/al hydrox/alginic ac	MIGERGOT.....	74
LEUKINE.....	128	(antacid).....	miglitol.....	99
leuprolide.....	35	mag hydrox/al hydrox/simeth	milk of magnesia.....	122
levetiracetam.....	64	(antacid).....	millipred.....	105
levocarnitine.....	90, 140	magnesium oxide.....	MILLIPRED DP.....	105
levocarnitine (with sugar).....	139	MAKENA (PF).....	minocycline.....	17, 30
levocetirizine.....	152	malathion.....	minoxidil.....	57
levofloxacin.....	26, 148	mannitol 10 %.....	mirtazapine.....	65
levonorgestrel.....	80	mannitol 20 %.....	misoprostol.....	117
levonorgestrel-e.estradiol.....	79	mannitol 25 %.....	mitomycin.....	39
LEVO-T.....	111	mannitol 5 %.....	mitoxantrone.....	39
levothyroxine.....	110, 111	maxepa.....	M-M-R II (PF).....	44, 47, 48
levoxyl.....	111	meclizine.....	moexipril.....	49
lidocaine.....	20, 89	meclofenamate.....	moexipril-hydrochlorothiazide.	48
lidocaine hcl.....	89, 140, 141	medroxyprogesterone.....	mometasone.....	87
lidocaine-prilocaine.....	88	mefloquine.....	monoject hypodermic needles	
linezolid.....	29	megestrol.....	.....	136, 138
LINZESS.....	114, 118	MEKINIST.....	montelukast.....	154
LIORESAL.....	133	meloxicam.....	morphine.....	7
liothyronine.....	110	melphalan.....	MOVIPREP.....	122
LIQUITUSS GG.....	158	memantine.....	moxifloxacin.....	26, 148
lisinopril.....	49	MENACTRA (PF).....	MUCUS RELIEF.....	158
lisinopril-hydrochlorothiazide..	48	MENEST.....	multivitamin.....	90, 91, 93, 94, 95
loperamide.....	112	MENVEO A-C-Y-W-135-DIP	multivitamin with iron.....	94
loradamed.....	153	(PF).....	mupirocin.....	82
loratadine.....	152, 153	mercaptapurine.....	muro 128.....	146
loratadine/pseudoephedrine..	150	mesalamine.....	MURO 128.....	146
lorazepam.....	60, 71	metadate er.....	muro 130.....	146
LORTAB ELIXIR.....	8	metformin.....	MUSTARGEN.....	31
losartan.....	50	methazolamide.....	mycophenolate mofetil....	16, 131
losartan-hydrochlorothiazide...	50	methenamine hippurate....	mycophenolate mofetil (hcl)...	131
LOTEMAX.....	144	methenamine mandelate..	mycophenolate sodium.....	131
LOTEMAX SM.....	145	methimazole.....	MYLERAN.....	31
loteprednol etabonate.....	144	methocarbamol.....	MYRBETRIQ.....	123
lovastatin.....	53	methotrexate sodium.....	nabumetone.....	18
lubiprostone.....	118, 121	methyl dopa.....	nadolol.....	54
LUCENTIS.....	147, 149	methylergonovine.....	naphazoline hcl/hypromellose	145
LUDENT FLUORIDE.....	140	methylphenidate.....	naphazoline hcl/peg 300.....	146
LUMOXITI.....	33, 34	methylprednisolone.....	naphazoline-pheniramine.....	144
LUPRON DEPOT.....	36, 109	metipranolol.....	naproxen.....	19
LUPRON DEPOT (3 MONTH)		metoclopramide hcl.....	naratriptan.....	74
.....	35, 109	metolazone.....	nateglinide.....	99
LUPRON DEPOT (4 MONTH).....	35	metoprolol succinate.....	natural calcium.....	92
LUPRON DEPOT (6 MONTH).....	35	metoprolol tartrate.....	NAYZILAM.....	61, 72
LUPRON DEPOT-PED.....	108	metronidazole.....	neomycin.....	21

neomycin-bacitracin- polymyxin.....	147	NOVOLIN N.....	106	penicillin v potassium.....	29
neomycin-polymyxin b- dexameth.....	143	NOVOLIN N FLEXPEN.....	106	PENTAM.....	29
neomycin-polymyxin- gramicidin.....	147	NOVOLIN R.....	107	pentamidine.....	29
neomycin-polymyxin-hc.....	143, 149	NOVOLIN R FLEXPEN.....	107	PENTASA.....	119
neomycin/baci zn/pmyx bs/pramox.....	83	NP THYROID.....	110	pentoxifylline.....	128
neomycin/baci/polymixin.....	82	nystatin.....	22, 83, 140	PEP-T-MED.....	113
nephlex rx.....	91	nystatin-triamcinolone.....	84	PEPTO-BISMOL.....	113
nephro-vite.....	90	OCTAGAM.....	44	PEPTO-BISMOL TO-GO.....	113
nephro-vite rx.....	91	ofloxacin.....	148, 149	permethrin.....	89
NEXIUM PACKET.....	117	olopatadine.....	144, 159	perphenazine-amitriptyline.....	66
niacin.....	53, 96	omega-3 fatty acids.....	53	PERTZYE.....	115
nicotine.....	77	omeprazole.....	117	phenazopyridine.....	124
NICOTINE.....	77	ondansetron.....	114	phenobarbital.....	61, 76
nifedipine.....	55	OPDIVO.....	39	phenylephrine hcl.....	146
nilutamide.....	31	ORENCIA.....	16	phenytoin.....	62, 63
NITRO-BID.....	51	ORENCIA (WITH MALTOSE).....	15	phytonadione (vitamin k1).....	98
NITRO-DUR.....	51	ORENCIA CLICKJECT.....	16	pilocarpine hcl.....	143
nitrofurantoin.....	22, 125	orphenadrine citrate.....	133	pimecrolimus.....	85
nitrofurantoin macrocrystal .....	22, 125	oseltamivir.....	28	pindolol.....	54
nitrofurantoin monohyd/m- cryst.....	22, 125	OSPHERA.....	109	pioglitazone.....	108
nitroglycerin.....	50, 51	oxaliplatin.....	37	pioglitazone-glimepiride.....	101
nitrostat.....	51	oxaprozin.....	19	pioglitazone-metformin.....	100
NIVESTYM.....	127	oxazepam.....	60, 71	piperonyl butoxide (lice shampoo).....	89
non-drowsy allergy.....	153	oxcarbazepine.....	63	piroxicam.....	18
nonoxynol 9.....	80	oxybutynin chloride.....	125	PNEUMOVAX 23.....	45
NORDITROPIN FLEXPRO.....	106	oxycodone.....	7	podofilox.....	88
norelgestromin-e.estradiol.....	80	oxycodone-acetaminophen.....	8, 9	polyethylene glycol 3350.....	122
norethindrone.....	79	oxycodone-aspirin.....	8, 9	POLYETHYLENE GLYCOL 3350.....	122
norethindrone ac-e.estradiol....	79	oyster shell calcium.....	92	polymyxin b sulf-trimethoprim .....	147
norethindrone acetate.....	109	oyster shell calcium-vit d3.....	92	potassium chloride.....	93, 94
norethindrone ac-eth estradiol.....	79, 103	OZEMPIC.....	101	potassium citrate.....	124
norethindrone-e.estradiol.....	79	paclitaxel.....	38	PRADAXA.....	130
norethindrone-e.estradiol- iron.....	79	palonosetron.....	114	pramipexole.....	68
norgestimate-e.estradiol.....	79	PANCREAZE.....	115	prasugrel.....	130
norgestrel-e.estradiol.....	79	pantoprazole.....	117	pravastatin.....	53
norpace cr.....	51	paroxetine.....	65	praziquantel.....	22
nortriptyline.....	67	paxil.....	65	prazosin.....	59
NOVOLIN 70/30.....	106	pediatric multivitamin.....	95	precision glucose control soln .....	135, 138
NOVOLIN 70-30 FLEXPEN U- 100.....	106	pediatric multivitamin with fluoride.....	95	precision glucose/ketone contr.....	135, 138
		pediatric multivitamin with fluoride/iron.....	95	PRECISION XTRA B-KETONE .....	90, 139
		pediatric multivitamin with iron.....	94, 95	precision xtra monitor.....	135, 138
		PEGASYS.....	27	prednisolone.....	105
		PEGASYS PROCLICK.....	26	prednisolone acetate.....	144
		PEGINTRON.....	27		
		pen needle, diabetic.....	135, 138		

prednisolone sodium phosphate.....	105, 144	pyrazinamide.....	24	RYBELSUS.....	101
prednisone.....	105	pyridostigmine bromide.....	131	salicylic acid.....	88
PREFEST.....	103	pyridoxine (vitamin b6).....	97	saline wound wash.....	90
pregabalin.....	62, 73	pyrimethamine.....	23	salsalate.....	20
PREMARIN.....	104, 162	QBRELIS.....	49	SAVAYSA.....	126
PREMPHASE.....	103	QUILLICHEW ER.....	70	sea-clens wound cleanser.....	123
PREMPRO.....	104	QUILLIVANT XR.....	70	SEGLUROMET.....	99
prenatal multivitamins.....	96	quinapril.....	49	selegiline hcl.....	68
prenatal vitamin.....	94, 96	quinidine gluconate.....	51	selenium sulfide.....	84
PREVNAR 13 (PF).....	45	quinidine sulfate.....	51	SELF-TAKING BLOOD	
PREVNAR 20 (PF).....	46	QVAR.....	154	PRESSURE.....	136, 139
PRIFTIN.....	24, 30	QVAR REDIHALER.....	154	sennosides.....	122
primaquine.....	23	RABAVERT (PF).....	47	sennosides-docusate sodium.....	122
primidone.....	61	raloxifene.....	110	SEREVENT DISKUS.....	156
PRIVIGEN.....	44	ramelteon.....	73	sertraline.....	65
PROAIR RESPICLICK.....	156	ramipril.....	49	sevelamer carbonate.....	124
probenecid.....	126	ranitidine.....	116	SHINGRIX (PF).....	48
probenecid-colchicine.....	126	RASUVO (PF).....	15	silace.....	123
PROCARE BLOOD PRESSURE		REBETOL.....	27	sildenafil (pulm.hypertension).....	59
MONITOR.....	135, 139	REBIF (WITH ALBUMIN).....	141	silver sulfadiazine.....	85
prochlorperazine.....	113	REBIF REBIDOSE.....	142	simethicone.....	117
prochlorperazine maleate.....	68, 113	REBIF TITRATION PACK.....	142	SIMPONI.....	12, 14, 121
PROCTO-MED HC.....	20, 87	RECOMBIVAX HB (PF).....	42	SIMPONI ARIA.....	12, 14
PROCTOSOL HC.....	20, 87	REDITREX (PF).....	15	simvastatin.....	53
progesterone.....	109	REFRESH LACRI-LUBE.....	143	sodium bicarbonate.....	111
PROGRAF.....	131	RELENZA DISKHALER.....	28	sodium chloride.....	77, 91, 96, 146
PROLENSA.....	145	REMICADE.....	11, 14, 121	sodium chloride (nasal).....	159
PROLEUKIN.....	35	RENEWAL HAND SANITIZER.....	41	sodium chloride 0.45 %.....	96
PROLIA.....	110	RENFLEXIS.....	12, 14, 121	sodium fluoride.....	140
promethazine.....	113, 151, 152	repaglinide.....	99	SODIUM FLUORIDE.....	140
promethazine-codeine.....	161	repaglinide-metformin.....	99	sodium polystyrene sulfonate.....	91
promethazine-dm.....	159	RESTASIS.....	145	sofosbuvir-velpatasvir.....	27
promethazine-phenyleph- codeine.....	161	RESTASIS MULTIDOSE.....	145	solifenacin.....	125
promethazine-phenylephrine.....	150	RETACRIT.....	127	SOLU-CORTEF.....	106
propafenone.....	51	RIBASPHERE RIBAPAK.....	27	SOLU-CORTEF ACT-O-VIAL (PF).....	106
propantheline.....	118	ribavirin.....	27	SOOTHE (BISMUTH SUBSALICYLATE).....	113
proparacaine.....	147	RIDAURA.....	16	sotalol.....	52, 54
propranolol.....	54	rifampin.....	24, 30	SPIRIVA RESPIMAT.....	155
propylthiouracil.....	102	riluzole.....	131	SPIRIVA WITH HANDIHALER.....	155
protriptyline.....	67	rimantadine.....	28	spironolactone.....	49, 57
pseudoephedrine hcl.....	161, 162	RITUXAN.....	16, 33	spironolacton- hydrochlorothiaz.....	58
psyllium husk.....	121	rizatRIPTAN.....	74	sSKI.....	93
psyllium husk/aspartame.....	121, 122	ROBAFEN CF (PHENYLEPHRINE).....	160	STEGLATRO.....	100
PULMICORT FLEXHALER.....	154	ropinirole.....	68	STERILE WATER FOR INJECTION.....	91
PULMOZYME.....	158	rosuvastatin.....	53		
pyrantel pamoate.....	22	RUBBING ALCOHOL (ETHANOL).....	41		



STIOLTO RESPIMAT .....	156	terconazole .....	162	TRULANCE .....	115, 118
stool softener .....	123	testosterone .....	98	TRULICITY .....	101
stool softener (docusate cal) ...	123	testosterone cypionate .....	98	TRUMENBA .....	46
SUBVENITE .....	64	tetanus-diphtheria toxoids-td ..	45	TUDORZA PRESSAIR .....	155
SUBVENITE STARTER (BLUE)		tetracycline .....	30	TUSSIN CF .....	160
KIT .....	64	THALOMID .....	23	TUSSIN CF (PE-DM-GUAIF) .....	160
SUBVENITE STARTER (GREEN)		THEO-24 .....	155	TUSSIN CF COUGH-COLD .....	160
KIT .....	64	theochron .....	154	TUSSIN DM MAX .....	161
SUBVENITE STARTER		theophylline .....	154, 155	TWINRIX (PF) .....	41
(ORANGE) KIT .....	64	thera m plus .....	94	TYMLOS .....	102
sucralfate .....	123	THERA-D .....	97	UDENYCA .....	127
sulfacetamide sodium .....	84, 148	thera-m .....	94	ULIPRISTAL ACETATE .....	80
sulfacetamide sodium (acne) .....	81	thiamine hcl (vitamin b1) .....	96	ULORIC .....	126
sulfadiazine .....	30	thyroid (pork) .....	110	ULTRA FRESH PM .....	143
sulfamethoxazole-		TIBSOVO .....	36	UROCIT-K 10 .....	124
trimethoprim .....	22	timolol maleate .....	55, 146	UROCIT-K 15 .....	124
sulfasalazine .....	17, 119	tizanidine .....	133	UROCIT-K 5 .....	124
sulfatrim .....	22	TOBRADEX .....	143	ursodiol .....	116
sulindac .....	18	tobramycin .....	147	valacyclovir .....	28
sumatriptan .....	74, 75	tobramycin in 0.225 % nacl .....	157	valproic acid .....	62, 72
supartz fx .....	132	tobramycin-dexamethasone ..	143	valsartan .....	50
super calcium .....	92	tolazamide .....	100	valsartan-hydrochlorothiazide ..	50
SUPREP BOWEL PREP KIT .....	122	tolbutamide .....	100	VALTOCO .....	61, 72
SYLATRON .....	35	tolmetin .....	18	vancomycin .....	26
SYMJEPI .....	56	tolnaftate .....	84	VAQTA (PF) .....	42
SYNAGIS .....	41	tolterodine .....	125	varenicline .....	77
SYNJARDY .....	99	topiramate .....	63	VARIVAX (PF) .....	44, 48
SYNJARDY XR .....	99	topotecan .....	38	VENCLEXTA .....	33
synthroid .....	111	torsemide .....	58	VENCLEXTA STARTING PACK ...	33
tab-a-vite multivitamin w-		TOVIAZ .....	125	venlafaxine .....	66
iron .....	94	tramadol .....	7	verapamil .....	52, 56
TABLOID .....	32	trandolapril .....	49	VIBERZI .....	121
tacrolimus .....	85, 131	tranexamic acid .....	128	VICTOZA .....	101
tadalafil (pulm. hypertension) ...	59	trazodone .....	65	VIDEX 2 GRAM PEDIATRIC .....	24
tamoxifen .....	37	TRELEGY ELLIPTA .....	157	VIDEX 4 GRAM PEDIATRIC .....	24
tamsulosin .....	124	tretinoin .....	81	VIIBRYD .....	66
TANZEUM .....	101	tretinoin (chemotherapy) .....	37	VIMPAT .....	62
tazarotene .....	84, 89	triamcinolone acetonide ..	87, 159	vinorelbine .....	38
TAZORAC .....	84	triamterene .....	58	VIOKACE .....	115
TDVAX .....	45	triamterene-		VISCO-3 .....	132
tears naturale forte .....	143	hydrochlorothiazid .....	58	vitamin a and d .....	85
tegretol xr .....	63, 72	triazolam .....	71, 72, 76	vitamin b complex with c .....	90
TEKTURNA .....	59	trifluridine .....	148	VITAMIN B-12 .....	96
TEKTURNA HCT .....	60	trimethobenzamide .....	113	vitamin e .....	97
temazepam .....	71, 76	trimethoprim .....	22	VYVANSE .....	70
terazosin .....	59	TRINTELLIX .....	66	WAL-TUSSIN COUGH AND	
terbinafine hcl .....	22, 83	TRI-VI-SOL .....	95	COLD CF .....	160
terbutaline .....	156	tri-vitamin with fluoride .....	95	warfarin .....	126

water for irrigation, sterile .....	91
WIXELA INHUB.....	157
XARELTO .....	127
XARELTO DVT-PE TREAT 30D START .....	127
XGEVA.....	110
XIFAXAN.....	30
XIGDUO XR.....	99, 100
XOFLUZA.....	28
YERVOY.....	34
YUVAFEM.....	163
zaleplon.....	76
ZALTRAP .....	40
ZARXIO.....	128
ZELBORAF .....	33
ZENPEP.....	115
zidovudine.....	24
ZIEXTENZO.....	128
ZIRGAN.....	148
ZOLADEX.....	36
zoledronic acid.....	102, 103
zoledronic acid-mannitol- water .....	103
zoledronic ac-mannitol- 0.9nacl.....	103
zolmitriptan.....	75
zolpidem.....	76
zonisamide.....	64
ZOSTAVAX (PF).....	44, 48